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M.T., Appellant)	
)	
and)	Docket No. 25-0305
)	Issued: May 7, 2025
DEPARTMENT OF TRANSPORTATION,)	
FEDERAL AVIATION ADMINISTRATION,)	
Oklahoma City, OK, Employer)	
_____)	

Case Submitted on the Record

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

On February 12, 2025 appellant filed a timely appeal from a February 3, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act¹ (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

The issues are: (1) whether OWCP met its burden of proof in determining that appellant's accepted employment-related conditions had resolved as of July 31, 2024; and (2) whether appellant has met his burden of proof to establish continuing disability and/or residuals, on or after July 31, 2024, causally related to the accepted employment injury.

¹ 5 U.S.C. § 8101 *et seq.*

FACTUAL HISTORY

This case has previously been before the Board.² The facts and circumstances set forth in the Board's prior decision are incorporated herein by reference. The relevant facts are as follows.

On December 13, 2022 appellant, then a 55-year-old Equal Employment Opportunity specialist, filed an occupational disease claim (Form CA-2) alleging that he developed cervical radiculopathy and pain in his head, arms, and hands due to constant use of his government-issued computer/laptop. He noted that he first became aware of his condition on March 1, 2020, and realized its relation to his federal employment on October 18, 2022. Appellant stopped work on April 30, 2021.³

In a December 23, 2022 development letter, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence necessary and provided a questionnaire for his completion. In a separate letter of even date, OWCP requested additional information from the employing establishment, including comments from a knowledgeable supervisor, regarding appellant's claim. It afforded appellant and the employing establishment 30 days to respond.

In a January 20, 2023 letter, the employing establishment acknowledged that appellant's position required intermittent use of a computer keyboard and mouse throughout the eight-hour workday, except when using the telephone.

In a January 21, 2023 response to OWCP's development questionnaire, appellant further described the repetitive motions involved in working on his laptop computer.

In an October 18, 2022 report, Dr. John W. Ellis, a Board-certified family physician and occupational medicine specialist, reviewed appellant's medical course of treatment and provided physical examination findings. He diagnosed migraine headache syndrome, cervical degenerative disc disease, cervical spondylosis with radiculopathy, cervical neuroforaminal stenosis, obstructive sleep apnea, lumbar radiculopathy, and blood clotting disorder. Dr. Ellis opined that appellant's migraine headaches, which started while appellant was in the Army during Desert Storm, cervical radiculopathy, and obstructive sleep apnea were disabling. These conditions prevented him from successfully continuing to perform his job duties and rendered him unable to work since May 2021. Dr. Ellis explained that the migraine headaches were severely disabling as they occurred frequently; the cervical radiculopathy made it difficult for appellant to use the computer, read and write; and the obstructive sleep apnea resulted in tiredness and decreased complex integrate cerebral functioning, making it difficult for appellant to concentrate and perform his work. He opined that continued work in appellant's position would continue to aggravate his medical conditions. Dr. Ellis explained that appellant's undefined blood clotting disorder prevented him from undergoing surgery and put him at risk of death from either a leg clot or an embolus. He cautioned that appellant should not sit in one position for more than 15 minutes.

² Docket No. 24-0103 (issued March 28, 2024).

³ OWCP assigned the current claim OWCP File No. xxxxxx489. Under OWCP File No. xxxxxx763, OWCP denied appellant's claim for an emotional condition due to migraines allegedly caused by excessive computer use.

Dr. Ellis opined that appellant had been disabled since May 2021, that his prognosis was poor, and that his condition would continue to progress.

By decision dated January 24, 2023, OWCP denied appellant's claim, finding that the medical evidence of record was insufficient to establish causal relationship between the diagnosed conditions and the accepted employment factors.

In an August 19, 2021 report, Dr. Scott Martin La Garza, a Board-certified orthopedic surgeon, reported examination findings and provided an impression of cervical spondylosis with stenosis and concordant radiculopathy at C4-6. He indicated that appellant was a good candidate for an anterior cervical discectomy and fusion, noting that his symptomatic lumbosacral spondylosis could also be a surgical issue.

In an April 18, 2022 report, Dr. Nathan Overbey, a Board-certified anesthesiologist and interventional pain medicine specialist, reported that appellant had experienced neck pain for several years, right side worse than left. He diagnosed degenerative disc disease with increased right C5-6 radicular symptoms, and chronic migraine aggravated by cervicogenic headache.

In May 23 and August 4, 2022 reports, Dr. Christopher M. Bouvetto, a Board-certified physiatrist, noted appellant's chronic cervical pain with associated headaches. In a May 23, 2022 report, he reported that appellant was initially injured during his military service. Dr. Bouvetto noted that appellant was not currently working, as repetitive typing and upper extremity use had aggravated his neck and interscapular region. He provided assessments of chronic cervical spine pain, mild spondylosis of the spine, history of remote spinal trauma in Desert Storm, clotting disorder, and a list of comorbidities. Dr. Bouvetto noted, in his August 4, 2022 report, that appellant remained limited in activities secondary to chronic pain.

On January 28, 2023 appellant requested reconsideration. OWCP subsequently received magnetic resonance imaging (MRI) scans of the cervical, thoracic, and lumbar areas of the spine.

In January 27 and March 23, 2023 reports, Dr. Ellis noted that appellant's job requirements included the use of a computer, standing and sitting for prolonged periods of time, and traveling long distances by different modes of travel for extended periods of time. He diagnosed cervical radiculopathy, cervical spondylosis with myelopathy, cervical stenosis, lumbar spondylosis with radiculopathy, lumbar stenosis, lumbar degenerative disc disease, cervicogenic headaches, migraines, deep vein thrombosis, anticoagulation therapy, and pulmonary embolism, which he opined were caused, aggravated by, and accelerated by appellant's work conditions. Dr. Ellis opined that appellant's diagnosed conditions were aggravated and accelerated by his time working for the Federal Government as he travelled less frequently due to governmental COVID-19 restrictions, and most of his work was performed at home on a computer. He explained that although appellant was used to sitting and standing for prolonged periods of time, working from home limited his mobility, which caused severe worsening in his cervical symptoms, migraines, and low back radiculopathy. Dr. Ellis also indicated that the nature of his job which required traveling long distances was a direct cause of appellant's deep vein thromboses which turned into pulmonary emboli, for which he was on blood thinners, and required hospital stays. He concluded that, although appellant had prior neck and back injuries, his job required prolonged periods of sitting, standing and traveling, which over time caused acceleration and aggravation of his

previously diagnosed lumbar spine condition to the point that surgery has been recommended. Dr. Ellis noted, however, that due to his extensive history of deep vein thrombosis and pulmonary embolisms, appellant could not undergo surgery unless it was a lifesaving surgery.

By decision dated April 19, 2023, OWCP denied modification of its January 24, 2023 decision.

OWCP continued to receive evidence. In a May 11, 2023 report, Dr. Ellis reported that appellant's job requirements involved use of a computer, standing and sitting for prolonged periods of time, and travel for greater than 50 percent of the time, mainly during the months of February through September, which involved 10 or more hours per day several times a week during heavy travel months. He indicated that, in January 2020, appellant had increased difficulty using the computer to complete assignments. Dr. Ellis noted appellant's physical examination findings and provided assessments of cervical radiculopathy, cervical spondylosis with myelopathy, cervical stenosis, lumbar spondylosis with radiculopathy, lumbar stenosis, lumbar degenerative disc disease, cervicogenic headaches, migraines, deep vein thrombosis, anticoagulation therapy, and pulmonary embolism, which he opined were caused, aggravated, and accelerated by appellant's work conditions. He reiterated his previous explanations as to how prolonged periods of sitting, standing, and traveling accelerated and aggravated appellant's previously diagnosed spine condition to the point surgery was recommended, and also how extensive use of the computer entering data and reports triggered and aggravated appellant's diagnosed migraine condition. Dr. Ellis indicated that the nature of the job which required extensive travel caused appellant to work in areas which were not ergonomically appropriate for somebody with a history of neck and lumbar spine issues, which in turn caused a worsening of his cervical and lumbar spine issues. He explained that the use of hotel room desks and working from his lap on a laptop computer or tablet caused a strain of the cervical muscles along with sprain and strain of the lumbar muscles. This increased inflammation in the entire spinal canal, thereby causing irritation to the nerve root which exited the spine and caused appellant's radicular symptoms in his upper and lower extremities. Dr. Ellis indicated that the increased inflammation also caused osteophyte formation in the central canal space, as well as the foramina noted on the MRI scans. Therefore, he concluded that the diagnosed conditions were aggravations caused by his job-related duties.

On June 14, 2023 appellant requested reconsideration.

By decision dated September 11, 2023, OWCP denied modification of the April 19, 2023 decision.

On November 16, 2023 appellant filed a timely appeal to the Board from OWCP's September 11, 2023 decision. By decision dated March 28, 2024,⁴ the Board set aside OWCP's September 11, 2023 decision and remanded the case for further development of the medical evidence, to be followed by a *de novo* decision.

On remand, OWCP referred appellant, along with a May 30, 2024 statement of accepted facts (SOAF), the case record, and a series of questions to Dr. Christopher Jordan, a Board-

⁴ *Supra* note 2.

certified orthopedic surgeon, for a second opinion examination, to determine whether the claimed work injury or factors of employment caused or contributed to a diagnosed medical condition.

OWCP received October 28, 2020 and January 28, 2021 reports from Dr. Marguerite Butchee, a Board-certified neurologist, concerning appellant's daily migraine condition. In her January 28, 2021 report, Dr. Butchee indicated, in pertinent part, that appellant had near constant daily computer time due to COVID-19 work restrictions. She opined that extended computer screen time triggered and worsened his migraine symptoms.

In a July 1, 2024 report, Dr. Jordan noted his review of the SOAF and the medical record, and reported examination findings, which included a positive Spurling's test on the left side but no objective evidence of radiculopathy. He noted that, while Dr. Ellis had reported decreased sensation, prior examiners had not reported that there was a sensory deficit. Dr. Jordan opined that the degenerative disc disease in the cervical and lumbar spines, as documented by the MRI scans of record, could have been aggravated by appellant's prolonged sitting and working at a computer, but any work-related aggravation had resolved as appellant had not worked for the last three years. He also opined that appellant's cervical spondylosis with myelopathy, cervical stenosis, and cervicogenic headaches could also have been reasonably related to his prolonged leaning forward looking at the computer but, again, opined that this aggravation would have resolved as he had not worked in three years. Dr. Jordan explained that appellant had a temporary aggravation of his preexisting conditions as there was no evidence of radiculopathy or a material worsening. He noted that, while the changes seen on the MRI scans were lifetime changes, the fact that the symptoms continued to persist years after appellant stopped work suggested that the changes were not work related. Dr. Jordan also indicated that appellant was not in need of any further treatment or work restrictions as it related to the claimed March 1, 2020 employment injury, noting that the SOAF did not list the physical demands of his job.

By decision dated July 31, 2024, OWCP accepted appellant's claim for resolved temporary aggravation of lumbar degenerative disc disease; resolved temporary aggravation of cervical degenerative disc disease; resolved temporary aggravation of cervical spondylosis with myelopathy; and resolved temporary aggravation of cervical stenosis. It found that the weight of the evidence rested with Dr. Jordan's second opinion.

On August 18, 2024 appellant requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

OWCP received an April 26, 2021 cervical spine MRI scan, which noted degenerative disc disease change and osteoarthritis of the cervical spine with mild central canal and neuroforaminal stenosis, and an April 23, 2023 article entitled "Electrodiagnostic Evaluation of Cervical Radiculopathy."

In a September 16, 2024 report, Dr. Ellis reiterated his previous assertions that appellant's work involved extensive use of a computer, standing and sitting for prolonged periods, traveling long distances by various modes for extended periods. He added that appellant was required to conduct managerial and staff training meetings in person and online *via* computer, which further contributed to repetitive strain on his neck and back. Dr. Ellis opined that the extended periods of time spent working in static positions while using a computer and traveling caused a sustained

strain on appellant's cervical and lumbar spine. He explained that, overtime, the prolonged forward flexion of appellant's neck while working on a computer led to increased pressure on the cervical discs, which contributed to multilevel cervical spondylosis with stenosis and radiculopathy. Also, the repetitive physical demands of appellant's role, which included sitting for prolonged periods, aggravated his underlying spondylosis and degenerative disc disease, which caused worsening symptoms of lumbar pain and radiculopathy. Dr. Ellis opined that the aggravation of appellant's cervical and lumbar spine injuries were caused by cumulative exposure to the physical demands of his job over many years, and despite his cessation from work on May 30, 2021, his symptoms have persisted with no signs of resolution. He indicated that the diagnostic imaging confirmed that the degenerative disc disease in both the cervical and lumbar regions have progressed beyond the natural course of aging. Dr. Ellis explained that appellant's condition had not returned to baseline, as he has chronic and ongoing radicular symptoms, pain and functional limitations despite rest and conservative management. He indicated that MRI scan studies showed significant degeneration in the cervical and lumbar spine that cannot be attributed solely to age and that the electromyogram (EMG) studies revealed ongoing radiculopathy, which was consistent with nerve impingement caused by worsening spinal stenosis. Dr. Ellis opined that the development of chronic radicular symptoms, which include numbness and tingling in the upper and lower extremities, is indicative of a permanent change in appellant's condition which is directly related to his employment. He further noted that medical documentation from appellant's treating providers, which discuss appellant's symptoms and his inability to perform activities of daily living and work-related tasks, confirm that appellant's work-related aggravation led to a permanent impairment. Dr. Ellis thus concluded that appellant's work-related exposure caused a permanent worsening of his cervical and lumbar spine conditions. A copy of the EMG study mentioned is not of record.

A hearing was held on November 4, 2024. By decision dated December 12, 2024, OWCP's hearing representative affirmed OWCP's July 31, 2024 decision, finding that the weight of the medical evidence of record established that appellant's temporary aggravations of cervical and lumbar conditions had resolved no later than July 31, 2024. She accorded the weight of the medical evidence to the opinion of Dr. Jordan, the second opinion physician.

On January 6, 2025 appellant requested reconsideration.

OWCP received an October 15, 2024 cervical spine MRI scan, which noted mild-to-moderate degenerative disc disease in the cervical spine, multilevel mild degenerative facet hypertrophy; mild multilevel spinal canal stenosis, moderate right and mild left neuroforaminal stenosis at C5-6, and mild right neuroforaminal stenosis at C3-4 and C4-5.

OWCP also received a December 26, 2022 letter from the Social Security Administration (SSA), which awarded appellant SSA disability benefits, effective October 2021; and a March 2, 2023 letter from the Office of Personnel Management (OPM), which found appellant disabled due to cervical stenosis with radiculopathy and lumbar radiculopathy.

On January 30, 2025 OWCP administratively combined OWCP File Nos. xxxxxx763 and xxxxxx489, with the latter serving as the master file.

By decision dated February 3, 2025, OWCP denied modification of its December 12, 2024 decision.

LEGAL PRECEDENT -- ISSUE 1

The United States shall pay compensation for the disability of an employee resulting from personal injury sustained while in the performance of duty. Once OWCP accepts a claim and pays compensation, it has the burden of justifying modification or termination of an employee's benefits.⁵ Having determined that an employee has a disability causally related to his or her federal employment, OWCP may not terminate compensation without establishing either that the disability has ceased or that it is no longer related to the employment.⁶ Its burden of proof includes the necessity of furnishing rationalized medical opinion evidence based on a proper factual and medical background.⁷

The right to medical benefits for an accepted condition is not limited to the period of entitlement for disability.⁸ To terminate authorization for medical treatment, OWCP must establish that appellant no longer has residuals of an employment-related condition, which would require further medical treatment.⁹

ANALYSIS -- ISSUE 1

The Board finds that OWCP has met its burden of proof in determining that appellant's accepted employment-related conditions had resolved as of July 31, 2024.

In his July 1, 2024 report, Dr. Jordan, OWCP's second opinion physician, noted his review of the SOAF and appellant's medical record. He discussed his examination findings and diagnosed temporary aggravations of cervical spondylosis with myelopathy, cervical stenosis, cervicogenic headaches and temporary aggravations of appellant's preexisting cervical and lumbar spine conditions. Dr. Jordan opined that there were no residuals of the injury at the time of his examination, noting that appellant had not worked for the last three years and there was no evidence of radiculopathy, sensory deficit or a material worsening of appellant's preexisting conditions in his cervical and lumbar spines. He also indicated that appellant was not in need of any further treatment or work restrictions as it related to the March 1, 2020 employment injury. In his July 1, 2024 report, Dr. Jordan explained that the changes seen on MRI scans were lifetime

⁵ See *D.W.*, Docket No. 20-0885 (issued June 11, 2021); *M.M.*, Docket No. 17-1264 (issued December 3, 2018); *M.L.*, Docket No. 13-0442 (issued September 3, 2013).

⁶ *J.D.*, Docket No. 18-0958 (issued January 8, 2019); *I.J.*, 59 ECAB 408 (2008); *Elsie L. Price*, 54 ECAB 734 (2003).

⁷ See *D.P.*, Docket No. 18-0038 (issued January 4, 2019); *J.M.*, 58 ECAB 478 (2007); *Del K. Rykert*, 40 ECAB 284 (1988).

⁸ *H.P.*, Docket No. 18-0851 (issued December 11, 2018); *T.P.*, 58 ECAB 524 (2007); *Kathryn E. Demarsh*, 56 ECAB 677 (2005).

⁹ *J.B.*, Docket No. 17-2021 (issued August 8, 2018); *Kathryn E. Demarsh, id.*; *James F. Weikel*, 54 ECAB 660 (2003).

changes that were not going to resolve and the fact that his symptoms continued to persist for years after appellant had stopped working suggest that the changes were not work related.

Dr. Jordan based his opinion on a proper factual and medical history and detailed findings on examination.¹⁰ He further provided a well-rationalized opinion that appellant's temporary aggravations of lumbar degenerative disc disease, cervical degenerative disc disease, cervical spondylosis with myelopathy and cervical stenosis had resolved, explaining that findings on examination and objective studies demonstrated no continued employment-related conditions.¹¹ Accordingly, the Board finds that Dr. Jordan's second opinion report represents the weight of the medical evidence in finding that appellant's accepted conditions had resolved.¹²

As the medical evidence of record establishes that appellant's accepted employment-related conditions had resolved, the Board finds that OWCP met its burden of proof.

LEGAL PRECEDENT -- ISSUE 2

Once OWCP properly terminates a claimant's compensation benefits, the burden shifts to appellant to establish continuing disability on or after that date, causally related to the accepted employment injury.¹³ To establish causal relationship, an employee must submit rationalized medical evidence based on a complete medical and factual background, supporting such causal relationship.¹⁴

Section 8123(a) provides that, if there is disagreement between the physician making the examination for the United States and the physician of the employee, the Secretary shall appoint a third physician who shall make an examination.¹⁵ The implementing regulation states that, if a conflict exists between the medical opinion of the employee's physician and the medical opinion of either a second opinion physician or an OWCP medical adviser, OWCP shall appoint a third physician to make an examination. This is called a referee examination and OWCP will select a physician who is qualified in the appropriate specialty and who has no prior connection with the case.¹⁶ For a conflict to arise, the opposing physicians' viewpoints must be of virtually equal

¹⁰ See *I.S.*, Docket No. 25-0093 (issued March 14, 2025); *M.R.*, Docket No. 23-1052 (issued March 5, 2024); *S.V.*, Docket No. 23-0474 (issued August 1, 2023); *J.S.*, Docket No. 20-1409 (issued September 1, 2021).

¹¹ *I.S.*, *id.*; *J.P.*, Docket No. 23-0075 (issued March 26, 2023); *J.S.*, *id.*

¹² *I.S.*, *id.*; *H.J.*, Docket No. 24-0879 (issued October 29, 2024); *M.H.*, Docket No. 24-0470 (issued July 25, 2024); *R.P.*, Docket No. 20-0891 (issued September 20, 2021); *N.G.*, Docket No. 18-1340 (issued March 6, 2019); *A.F.*, Docket No. 16-0393 (issued June 24, 2016).

¹³ *S.G.*, Docket No. 23-0652 (issued October 11, 2023); *V.W.*, Docket No. 20-0693 (issued June 2, 2021); *D.G.*, Docket No. 19-1259 (issued January 29, 2020); *S.M.*, Docket No. 18-0673 (issued January 25, 2019); *J.R.*, Docket No. 17-1352 (issued August 13, 2018); *Manuel Gill*, 52 ECAB 282 (2001).

¹⁴ *Id.*

¹⁵ 5 U.S.C. § 8123(a).

¹⁶ 20 C.F.R. § 10.321.

weight and rationale.¹⁷ In situations where there exist opposing medical reports of virtually equal weight and rationale and the case is referred to an impartial medical examiner (IME) for the purpose of resolving the conflict, the opinion of such specialist, if sufficiently well rationalized and based upon a proper factual background, must be given special weight.¹⁸

ANALYSIS -- ISSUE 2

The Board finds that this case is not in posture for decision with regard to whether appellant has established continuing disability and/or residuals, on or after July 31, 2024, causally related to the accepted employment injury.

As discussed above, the weight of the medical evidence at the time of the termination rested with Dr. Jordan, who concluded that appellant no longer had any residuals or disability due to his accepted employment injuries as the work-related aggravations were temporary and had resolved. In a September 16, 2024 report, Dr. Ellis opined that the work-related aggravations of appellant's cervical and lumbar spine were permanent. He indicated that the diagnostic imaging confirmed that the degenerative disc disease in both the cervical and lumbar regions have progressed beyond the normal course of aging and that the EMG studies revealed ongoing radiculopathy, consistent with nerve impingement caused by worsening spinal stenosis. Dr. Ellis further opined that appellant's chronic radicular symptoms in his upper and lower extremities were causally related to the accepted factors of his federal employment.

As noted above, if there is a disagreement between an employee's physician and an OWCP referral physician, OWCP will appoint an IME who shall make an examination.¹⁹ The Board finds a conflict in medical opinion evidence between Dr. Jordan and Dr. Ellis, with respect to whether appellant continues to have any disability or residuals, on or after July 31, 2024, causally related to the accepted employment injury.²⁰

The Board shall, therefore, remand the case for OWCP to refer appellant to an IME for resolution of the conflict in medical opinion evidence in accordance with 5 U.S.C. § 8123(a).²¹ After this and other such further development as deemed necessary, OWCP shall issue a *de novo* decision.

¹⁷ *H.B.*, Docket No. 19-0926 (issued September 10, 2020); *C.H.*, Docket No. 18-1065 (issued November 29, 2018); *Darlene R. Kennedy*, 57 ECAB 414, 416 (2006); *James P. Roberts*, 31 ECAB 1010 (1980).

¹⁸ *See J.P.*, Docket No. 23-0075 (issued March 26, 2023); *C.M.*, Docket No. 20-1647 (issued October 5, 2021); *James P. Roberts*, *id.*

¹⁹ *Supra* note 17; *see R.R.*, Docket No. 25-0090 (issued January 31, 2025); *E.B.*, Docket No. 23-0169 (issued August 24, 2023); *S.S.*, Docket No. 19-1658 (issued November 12, 2020); *C.S.*, Docket No. 19-0731 (issued August 22, 2019).

²⁰ *D.W.*, Docket No. 24-0157 (issued March 26, 2024); *S.T.*, Docket No. 21-0906 (issued September 2, 2022); *S.M.*, Docket No. 19-0397 (issued August 7, 2019).

²¹ *Y.M.*, Docket No. 23-0091 (issued August 4, 2023); *V.B.*, Docket No. 19-1745 (issued February 25, 2021).

CONCLUSION

The Board finds that OWCP has met its burden of proof in determining that appellant's accepted employment-related conditions had resolved as of July 31, 2024. The Board further finds that this case is not in posture for decision with regard to whether appellant has established continuing disability and/or residuals, on or after July 31, 2024, causally related to the accepted employment injury.

ORDER

IT IS HEREBY ORDERED THAT the February 3, 2025 decision of the Office of Workers' Compensation Programs is affirmed in part and set aside in part. The case is remanded for further proceedings consistent with this decision of the Board.

Issued: May 7, 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