

<sup>3</sup> The Board notes that following the January 21, 2025 decision, OWCP received additional evidence. 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 her burden of proof to establish a medical condition causally related to the accepted factors of her federal employment.

## **FACTUAL HISTORY**

On July 25, 2024, appellant, then a 62-year-old mail processing clerk, filed a traumatic injury claim (Form CA-1) alleging that on April 7, 2023 she injured her lower back while in the performance of duty. She explained that she had to handle a large amount of mail in order to meet mail distribution requirements in a timely manner, which required repetitive bending, and lifting and pushing mail trays and containers. Appellant stopped work on April 10, 2024, and returned to work on April 12, 2024.

In a development letter dated August 7, 2024, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence needed and provided a questionnaire for her completion. OWCP afforded appellant 60 days to respond. No response was received.

In a follow-up letter dated August 27, 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 7, 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.

In a July 9, 2024 report, Dr. Sara Nelson, a Board-certified family practitioner, indicated that appellant, an 18-year postal worker, began to suffer from low back pain in April 2023 that was suspected to be from overuse on the job. She noted that appellant was provided light-duty restrictions as her back pain had worsened, but her back pain had progressed to debilitating right-sided sciatica. Dr. Nelson opined that, since April 2023, appellant has been unable to work full time due to this injury. She noted that back surgery had been recommended.

A July 13, 2023 lumbar spine magnetic resonance imaging (MRI) scan demonstrated a right posterior paramedian to foraminal broad-based disc protrusion with moderate narrowing right lateral recess and possible impingement along the descending right S1 nerve root, moderate right foraminal narrowing at L5 exiting nerve root, and mild left foraminal narrowing. Other degenerative changes; partly visualized bilateral probable renal cortical cyst; and intraosseous hemangioma within T11 were also noted.

A May 15, 2024 lumbar spine MRI scan demonstrated a posterior central to right posterior paramedian broad-based disc protrusion at L5-S1 with moderate right foraminal narrowing and mild left foraminal narrowing; other mild degenerative changes; and a possible small Tarlov cyst adjacent near left S2 nerve root.

In a September 9, 2024 report, Dr. Forrest Hsu, a neurosurgeon, diagnosed degenerative disc disease, lumbar spine; radiculopathy, lumbar region; and low back pain with sciatica. Treatment options included a right L5-S1 microdiscectomy.

In a September 11, 2024 report, Dr. Jiho H. Bryson, a Board-certified internist, noted that appellant, a mail processing clerk, last worked on June 2, 2024. She indicated that appellant reported an onset of low back pain on April 7, 2023 when bending to pick up a mail tray which progressed to her right lower extremity and lateral aspect of her calf. Dr. Bryson discussed the results of appellant's lumbar spine MRI scans and her medical treatment, provided examination findings, and diagnosed lumbar radiculopathy.

In a September 11, 2024 attending physician's report (Form CA-20), Dr. Bryson diagnosed lumbar radiculopathy, which she opined was caused or aggravated by appellant's employment activity of bending to pick up a mail tray. She explained that the bending activity caused the L5-S1 disc to protrude, which resulted in appellant's back pain and radiculopathy symptoms. Dr. Bryson further opined that appellant was totally disabled from work commencing June 3, 2024. In a duty status report (Form CA-17) of even date, she diagnosed a lumbar radiculopathy due to the April 7, 2023 injury. Dr. Bryson opined that appellant was totally disabled from work.

In a September 9, 2024 response to OWCP's development letter, appellant clarified that she had mistakenly filed a Form CA-1 traumatic injury claim, but was now claiming an occupational disease.

In a September 4, 2024 statement, appellant described her mail processing clerk duties, which included sorting and loading mail from containers. These duties required lifting, bending, and pushing.

On October 10, 2024, OWCP converted appellant's traumatic injury claim into an occupational disease claim.

By decision dated October 24, 2024, OWCP denied appellant's occupational disease claim, finding that the medical evidence of record was insufficient to establish that her diagnosed condition was causally related to the accepted factors of her federal employment.

OWCP subsequently received additional evidence. Dr. Bryson, in progress reports dated October 30 and December 10, 2024, noted appellant's examination findings and diagnosed lumbar radiculopathy. She also indicated that appellant should remain off work. In CA-17 forms of even date, Dr. Bryson continued to hold appellant off work. She provided an April 7, 2023 date of injury, but indicated that as the form did not provide a description of how the injury occurred and what body parts were affected, she could not answer as to whether the history of injury corresponded to the description of how the injury occurred.

In a December 10, 2024 report, Dr. Bryson indicated that appellant reported that her back pain began on April 7, 2023, while bending at work to pick up a mail tray. The back pain worsened when appellant subsequently pushed a heavy container, whose wheels were stuck causing her to push harder. Later that day, she had onset of right lower extremity sciatica/radiculopathy symptoms of numbness and pain. Dr. Bryson explained that while appellant had provided a September 4, 2024 statement, she was not familiar with the difference between "occupational injury and occupational disease conditions ... and included details not pertinent to the determination of her claim status."

On December 27, 2024, appellant, through another representative, requested reconsideration of OWCP's October 24, 2024 decision.

By decision dated January 21, 2025, OWCP denied modification of its October 24, 2024 decision.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA<sup>4</sup> has the burden of proof to establish the essential elements of his or her claim, including the fact that the individual is an employee of the United States within the meaning of FECA,<sup>5</sup> that the claim was timely filed within the applicable time limitation of FECA, 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.<sup>6</sup> 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.<sup>7</sup>

In an occupational disease claim, appellant's burden of proof requires submission of the following: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.<sup>8</sup>

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.<sup>9</sup> A physician's opinion on whether there is causal relationship between the diagnosed condition and the implicated employment factor(s) must be based on a complete factual and medical background.<sup>10</sup> Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty and must be supported by medical

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<sup>4</sup> *Supra* note 2.

<sup>5</sup> *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).

<sup>6</sup> *K.M.*, Docket No. 24-0752 (issued October 16, 2024); *S.H.*, Docket No. 22-0391 (issued June 29, 2022); *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).

<sup>7</sup> *E.H.*, Docket No. 22-0401 (issued June 29, 2022); *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).

<sup>8</sup> *See M.B.*, Docket No. 25-0298 (issued February 27, 2025); *M.M.*, Docket No. 25-0201 (issued January 23, 2025); *E.K.*, Docket No. 25-0077 (issued January 21, 2025); *R.G.*, Docket No. 19-0233 (issued July 16, 2019); *see also Roy L. Humphrey*, 57 ECAB 238, 241 (2005); *Ruby I. Fish*, 46 ECAB 276, 279 (1994); *Victor J. Woodhams*, 41 ECAB 345 (1989).

<sup>9</sup> *S.M.*, Docket No. 22-0075 (issued May 6, 2022); *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).

<sup>10</sup> *M.V.*, Docket No. 18-0884 (issued December 28, 2018).

rationale explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factor(s).<sup>11</sup>

### ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted factors of her federal employment.

In narrative reports and Form CA-20 reports dated September 11 through December 10, 2024, Dr. Bryson indicated that appellant's lumbar radiculopathy and right lower extremity sciatica/radiculopathy occurred due to bending at work to pick up a mail tray on April 7, 2023. In her December 10, 2024 report, she added that appellant's back pain worsened when she subsequently pushed a heavy container, whose wheels were stuck. However, Dr. Bryson did not provide sufficient rationale to support her conclusory opinion. 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/disability was related to the accepted employment factors.<sup>12</sup> This evidence is therefore insufficient to establish the claim.

The Board further notes that Dr. Bryson, in her October 30 and December 10, 2024 CA-17 forms, noted appellant's diagnosis and held appellant off work. However, appellant did not provide an opinion on causal relationship between appellant's diagnosed medical condition and the accepted employment factors. 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.<sup>13</sup> Thus, they are insufficient to establish appellant's claim.

In a July 9, 2024 report, Dr. Nelson opined that appellant's low back pain in April 2023, which was "suspected" to be from overuse on the job, had progressed into debilitating right-sided sciatica. The Board has held, however, that medical opinions that are speculative or equivocal are of diminished probative value.<sup>14</sup> Therefore, this evidence is insufficient to establish the claim.

In his September 9, 2024 report, Dr. Hsu diagnosed lumbar spine degenerative disc disease, lumbar radiculopathy and low back pain with sciatica. However, he did not provide an opinion on causal relationship. As explained above, the Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition or disability is of no probative

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<sup>11</sup> *J.D.*, Docket No. 22-0935 (issued December 16, 2022); *T.L.*, Docket No. 18-0778 (issued January 22, 2020); *Y.S.*, Docket No. 18-0366 (issued January 22, 2020); *Victor J. Woodhams*, *supra* note 8.

<sup>12</sup> *See Y.D.*, Docket No. 16-1896 (issued February 10, 2017) (finding that a report is of limited probative value regarding causal relationship if it does not contain medical rationale describing the relation between work factors and a diagnosed condition/disability).

<sup>13</sup> *See L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

<sup>14</sup> *See J.E.*, Docket No. 25-0150 (issued March 12, 2025); *L.B.*, Docket No. 23-0099 (issued July 26, 2023); *C.C.*, Docket No. 22-0609 (issued October 25, 2022); *H.A.*, Docket No. 18-1455 (issued August 23, 2019); *Ricky S. Storms*, 52 ECAB 349 (2001) (while the opinion of a physician supporting causal relationship need not be one of absolute medical certainty, the opinion must not be speculative or equivocal. The opinion should be expressed in terms of a reasonable degree of medical certainty).

value on the issue of causal relationship.<sup>15</sup> Thus, this evidence is also insufficient to establish the claim.

Appellant also submitted lumbar spine MRI scans. The Board, however, has held that diagnostic studies, standing alone, lack probative value.<sup>16</sup> Consequently, this evidence is insufficient to establish appellant's claim.<sup>17</sup>

As the medical evidence of record is insufficient to establish a medical condition causally related to the accepted factors of appellant's federal employment, the Board finds that she 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(a) 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 factors of her federal employment.

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<sup>15</sup> See *J.E.*, Docket No. 25-0150 (issued March 12, 2025); *J.M.*, Docket No. 25-0186 (issued January 28, 2025); *L.B.*, Docket No. 24-0833 (issued November 5, 2024); *S.H.*, Docket No. 19-1128 (issued December 2, 2019); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

<sup>16</sup> *A.D.*, Docket No. 25-0296 (issued March 26, 2025); *K.A.*, Docket No. 23-613 (issued April 22, 2024); *W.L.*, Docket No. 20-1589 (issued August 26, 2021); *A.P.*, Docket No. 18-1690 (issued December 12, 2019).

<sup>17</sup> *A.D.*, *id.*; *D.S.*, Docket No. 24-0888 (issued November 6, 2024); *A.W.*, Docket No. 22-1196 (issued November 23, 2022); *S.W.*, Docket No. 21-1105 (issued December 17, 2021); *W.L.*, *id.*

**ORDER**

**IT IS HEREBY ORDERED THAT** the January 21, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: May 5, 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