

**United States Department of Labor  
Employees' Compensation Appeals Board**

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**G.M., Appellant**

**and**

**U.S. POSTAL SERVICE, CRANFORD POST  
OFFICE, Cranford, NJ, Employer**

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**Docket No. 25-0728  
Issued: September 12, 2025**

*Appearances:*  
*Whitney S. Rivas, for the appellant*<sup>1</sup>  
*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 July 24, 2025, appellant, through her representative, filed a timely appeal from a May 9, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act<sup>2</sup> (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 her burden of proof to establish a lumbar condition causally related to the accepted employment factors.

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<sup>1</sup> 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 an 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.

<sup>2</sup> 5 U.S.C. § 8101 *et seq.*

## **FACTUAL HISTORY**

On June 11, 2023, appellant, then a 57-year-old city letter carrier, filed an occupational disease claim (Form CA-2) alleging that she developed spinal stenosis, a synovial cyst, spondylolisthesis, degenerative disc disease, spinal neuropathy, and arthritis in the knees due to factors of her federal employment, including repetitive motion while delivering mail commencing in 1986. She noted that she first became aware of her claimed conditions on July 15, 2008, and realized their relation to her federal employment on June 24, 2015.

In a development letter dated June 15, 2023, 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. In a development letter of even date, it also requested additional information from the employing establishment. OWCP afforded the employing establishment 30 days to respond.

In a June 30, 2023 statement, the employing establishment postmaster controverted the claim. He noted that he had been appellant's postmaster since September 2018. The postmaster provided an official position description which indicated that appellant's duties required casing mail, filling relay boxes, loading mail in a delivery vehicle, and delivering mail on foot or in a vehicle. He commented that these duties "required physical exertion." Appellant initially performed those duties five to six days a week for 8 to 10 hours a day, but was subsequently medically restricted to working 8 hours a day, five days a week.

In a follow-up letter dated July 13, 2023, 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 June 15, 2023 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. No additional evidence was received.

By decision dated August 22, 2023, OWCP denied appellant's occupational disease claim, finding that the medical evidence of record was insufficient to establish a medical diagnosis in connection with the accepted factors of federal employment. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

On September 21, 2023, appellant, through her representative, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

A telephonic hearing was held on December 12, 2023.

Thereafter, OWCP received a July 29, 2015 report by Dr. Alfred T. Ogden, a Board-certified neurosurgeon, wherein he recounted appellant's history of back pain during the previous six to seven years, with left-sided radiculopathy commencing in December 2014. Dr. Ogden assessed severe disc degeneration at L5-S1, grade 1 spondylolisthesis at L4-5, and slight retrolisthesis of L5 on S1.

On August 25, 2015, Dr. Ogden performed a left L4-5 laminectomy for resection of synovial cyst, and L4-5 transforaminal lumbar interbody fusion with pedicle screw fixation.

In an October 4, 2016 report, Dr. Ogden noted that appellant was experiencing a flare of lumbar symptoms. He provided work restrictions.

In a January 3, 2017 report, Dr. Naomi Betesh, an osteopath Board-certified in physiatry and pain medicine, related appellant's history of lumbar surgery with continued pain. She diagnosed lumbar radiculopathy.

OWCP received reports dated August 17, 2022 through December 1, 2023 wherein Dr. Jagdip Desai, Board-certified in anesthesiology and interventional pain medicine, recounted appellant's 10-year history of chronic low back pain with limited range of motion. He related that appellant's postal employment required approximately five miles of walking each day. Standing and prolonged bending at work aggravated her symptoms. Dr. Desai opined that appellant's duties were "labor intensive and over the years ha[d] put significant stress on her and her lumbar spine." Appellant had also developed "progressing neck pain." She underwent lumbar fusion at L4-5 in February 2015, bilateral medial branch blocks from L4 through S2 on April 27, 2021, bilateral medial branch blocks from L5 through S3 on August 10, 2022, left lumbar radiofrequency ablation on November 23, 2022, right L3-S1 radiofrequency ablation on March 29, 2023, and left L3-S1 radiofrequency ablation on May 24, 2023. On examination, Dr. Desai found cervical and lumbar paraspinal tenderness with decreased range of motion, bilaterally positive facet loading tests at C4-6 and L3-5, a positive left straight leg raising test, right sacroiliac joint tenderness, positive piriformis tenderness on the right, and varicose veins in the left lower extremity. He diagnosed cervical stenosis, cervical spondylosis, cervical radiculopathy, lumbar stenosis, lumbar spondylosis, lumbar radiculopathy, sacroiliitis, and varicose veins with pain. Dr. Desai opined in a December 1, 2023 report that appellant's duties as a letter carrier significantly contributed to, aggravated, and accelerated her lumbar conditions. He limited lifting to 20 pounds and restricted appellant to working no more than eight hours a day. Dr. Desai held appellant off work commencing August 8, 2023.

By decision dated February 7, 2024, OWCP's hearing representative modified OWCP's August 22, 2023 decision to find that the medical evidence established a diagnosed medical condition in connection with the accepted factors of her federal employment, but denied the claim as causal relationship was not established. The hearing representative directed that OWCP administratively combine appellant's claim under OWCP File No. xxxxxx268, a denied traumatic injury claim for an August 29, 2016 trip and fall incident when she allegedly injured her right knee and aggravated preexisting cervical and lumbar spine conditions, with the present claim under OWCP File No. xxxxxx340.

By decision dated February 9, 2024, OWCP denied appellant's occupational disease claim, finding that she had not established that her diagnosed lumbar conditions were causally related to the accepted factors of her federal employment.

On February 14, 2024, OWCP administratively combined appellant's claims, OWCP File Nos. xxxxxx268 and xxxxxx340, with the latter designated as the master file.

On September 13, 2024, appellant, through her representative, requested reconsideration.

Thereafter, OWCP received an August 23, 2024 report by Dr. Desai wherein he recounted appellant's history of injury and medical treatment. He opined that appellant's diagnosed lumbar stenosis, lumbar spondylosis, lumbar radiculopathy and sacroiliitis were "directly related to the duties of a letter carrier that include continuous standing, twisting, turning, lifting, climbing, reaching, bending, stooping, and reaching above the shoulder." Dr. Desai explained that the "repetitive tasks of bending to lift heavy trays," bending and stooping "to retrieve parcels, continuous twisting to arrange deliveries and get in and out of the postal truck," were "a direct cause of [appellant's] lumbar stenosis, lumbar spondylosis, lumbar radiculopathy, and sacroiliitis." He added that appellant's federal employment was "labor intensive and over the years has put significant stress on her lumbar spine." Dr. Desai recommended disability retirement.

By decision dated September 18, 2024, OWCP denied modification.

On February 10, 2025, appellant, through her representative, requested reconsideration.

Thereafter, OWCP received an October 28, 2024 report by Dr. Desai wherein he related he had been asked to discuss the physiological process by which appellant's employment activities contributed to her diagnosed conditions. He recounted that appellant's duties as a letter carrier commencing in 1986 required pulling, pushing, and lifting up to 70 pounds, repetitive reaching above the shoulder to case mail, loading her delivery truck with trays of mail weighing up to 25 pounds, and walking up and down stairs for up to six-and-a-half hours delivering her mail route. Appellant developed back problems commencing in 2008. In 2015, she was diagnosed with degenerative disc disease at L5-S1 and spondylolisthesis at L4-5, addressed by an L4-5 fusion on August 25, 2015. Dr. Desai opined that "the years of long-term physical activities caused wear on her discs." Repetitive bending, lifting, stooping, twisting, and walking over six hours a day delivering mail "put stress on her spinal discs" and contributed to the progression of lumbar spondylosis. Dr. Desai explained that the above-noted duties "put extraordinary pressure on [appellant's] spinal discs causing them to wear down, likely at an accelerated rate. Degeneration of her spinal discs then led to other back conditions such as lumbar stenosis and lumbar radiculopathy."

By decision dated May 9, 2025, OWCP denied modification.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA<sup>3</sup> 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,<sup>4</sup> 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

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<sup>3</sup> *Id.*

<sup>4</sup> *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).

employment injury.<sup>5</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>6</sup>

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit: (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>7</sup>

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.<sup>8</sup> The opinion of the physician must be based upon a complete factual and medical background, 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 the specific employment factors.<sup>9</sup>

### ANALYSIS

The Board finds that this case is not in posture for decision.

Dr. Desai, in an August 23, 2024 report, recounted an accurate, detailed history of injury and treatment. He opined that the identified work factors of prolonged standing and walking, repetitive bending, stooping, lifting, twisting, and bending, placed significant stress on the lumbar spine and were a direct cause of appellant's lumbar stenosis, lumbar spondylosis, lumbar radiculopathy, and sacroiliitis. Dr. Desai added in an October 28, 2024 report that appellant's duties as a letter carrier commencing in 1986, including pulling, pushing, and lifting up to 70 pounds, repetitive reaching above the shoulder, and walking for up to six-and-a-half hours delivering her mail route, caused wear and stress to the spinal discs, and contributed to the progression of lumbar spondylosis. He explained that appellant's duties placed extraordinary pressure on her spinal discs, causing them to wear down, likely at an accelerated rate, and causing disc degeneration that led to lumbar conditions including stenosis and radiculopathy. Although

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<sup>5</sup> See *S.R.*, Docket No. 25-0326 (issued March 11, 2025); *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>6</sup> *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>7</sup> See *S.R.*, *supra* note 5; *P.L.*, Docket No. 19-1750 (issued March 26, 2020); *R.G.*, Docket No. 19-0233 (issued July 16, 2019); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett, id.*

<sup>8</sup> *I.J.*, Docket No. 19-1343 (issued February 26, 2020); *T.H.*, 59 ECAB 388 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

<sup>9</sup> *P.V.*, Docket No. 25-0547 (issued June 23, 2025); see *S.R.*, *supra* note 5; *D.C.*, Docket No. 19-1093 (issued June 25, 2020); see *L.B.*, Docket No. 18-0533 (issued August 27, 2018).

Dr. Desai's opinion is insufficiently rationalized to establish causal relationship, it is sufficient to require further development of the medical evidence.<sup>10</sup>

It is well established that proceedings under FECA are not adversarial in nature and, while appellant has the burden to establish entitlement to compensation, OWCP shares responsibility in the development of the evidence.<sup>11</sup> OWCP has an obligation to see that justice is done.<sup>12</sup>

The Board shall, therefore, remand the case to OWCP for further development of the medical evidence. On remand, OWCP shall refer appellant, along with a statement of accepted facts and the case record to a specialist in the appropriate field of medicine for a reasoned opinion regarding whether appellant sustained a lumbar condition causally related to the accepted employment factors. If the second opinion physician disagrees with the opinion of Dr. Desai, he or she must provide a fully-rationalized explanation of why the accepted employment factors are insufficient to have caused or aggravated appellant's medical conditions. After this and other such further development as deemed necessary, OWCP shall issue a *de novo* decision.

### CONCLUSION

The Board finds that this case is not in posture for decision.

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<sup>10</sup> *J.H.*, Docket No. 25-0565 (issued June 24, 2025); *L.N.*, Docket No. 25-0173 (issued March 6, 2025); *J.K.*, Docket No. 20-0816 (issued May 4, 2022); *M.H.*, Docket No. 18-1068 (issued June 2, 2020); *D.S.*, Docket No. 17-1359 (issued May 3, 2019); *X.V.*, Docket No. 18-1360 (issued April 12, 2019); *C.M.*, Docket No. 17-1977 (issued January 29, 2019); *John J. Carlone*, 41 ECAB 354 (1989); *William J. Cantrell*, 34 ECAB 1223 (1983).

<sup>11</sup> *Id.*; see also *C.S.*, Docket No. 24-0819 (issued October 16, 2024); *S.G.*, Docket No. 22-0330 (issued April 4, 2023); see *M.G.*, Docket No. 18-1310 (issued April 16, 2019); *Walter A. Fundinger, Jr.*, 37 ECAB 200, 204 (1985); *Michael Gallo*, 29 ECAB 159, 161 (1978).

<sup>12</sup> See *J.H.*, *supra* note 10; *L.N.*, *supra* note 10; *C.M.*, *supra* note 10; *A.J.*, Docket No. 18-0905 (issued December 10, 2018); *B.C.*, Docket No. 15-1853 (issued January 19, 2016); *E.J.*, Docket No. 09-1481 (issued February 19, 2010); *John J. Carlone*, *supra* note 10.

**ORDER**

**IT IS HEREBY ORDERED THAT** the May 9, 2025 decision of the Office of Workers' Compensation Programs is set aside, and the case is remanded for further proceedings consistent with this decision of the Board.

Issued: September 12, 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