

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

D.S., Appellant)	
)	
and)	Docket No. 26-0198
)	Issued: April 28, 2026
U.S. POSTAL SERVICE, POST OFFICE,)	
Grand Rapids, MI, 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 December 29, 2025 appellant filed a timely appeal from a September 8, 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.

ISSUE

The issue is whether appellant has met his burden of proof to expand the acceptance of his claim to include post-traumatic stress disorder (PTSD) as causally related to, or consequential to, the accepted November 17, 2023 employment injury.

FACTUAL HISTORY

On November 28, 2023 appellant, then a 31-year-old rural mail carrier, filed a traumatic injury claim (Form CA-1) alleging that on November 17, 2023 he injured his neck, left arm, left shoulder and left knee when his vehicle was rear-ended while he was delivering mail in the

¹ 5 U.S.C. § 8101 *et seq.*

performance of duty. He stopped work on November 18, 2023. OWCP accepted the claim for strain of muscle(s) and tendon(s) of the rotator cuff left shoulder, sprain of ligaments of cervical spine, contusion of left knee, contusion of left upper arm, and contusion of left back wall of thorax.² It paid appellant wage-loss compensation on the supplemental rolls from January 2 through August 9, 2024. Appellant returned to regular, full-duty work on August 12, 2024. He stopped work on October 18, 2024.

In a November 17, 2023 report, Samuel Boerckel, a physician assistant, noted that appellant had reported that a similar accident had occurred at work two years prior, and that he needed counseling for fear of driving.

In a report dated November 21, 2023, Dr. Edward J. Snell, a Board-certified internist, held appellant off work due to his accepted employment conditions. In a December 1, 2023 report, he noted that appellant had driven short distances but related that any driving seemed to increase his PTSD symptoms, as he had also experienced a prior accident in 2021. In a December 14, 2023 report, Dr. Snell indicated that appellant's PTSD symptoms had not changed and he had an appointment for further treatment with another provider in mid-January for PTSD. In a January 16, 2024 report, he noted, in pertinent part, that appellant was seeing a counselor as he reported anxiety returning to driving following his multiple accidents.

In a December 27, 2023 report, Katie Stebbins, a licensed clinical psychologist, related that appellant presented with symptoms of depression and anxiety, precipitated by work accidents and increase in stressors. She noted that appellant recounted three separate injuries at work during the past two years. In 2021 appellant's work vehicle was t-boned by another vehicle and he sustained extensive injuries, including a scar on his face. In February 2023 he fell through a set of stairs while delivering mail. In November 2023 appellant again sustained injuries when his work vehicle was rear-ended. Diagnoses of major depressive disorder with single episode, in partial remission, and generalized anxiety disorder were provided. In continued therapy progress notes through February 29, 2024, Ms. Stebbins diagnosed mild recurrent major depression.

In a February 8, 2024 therapy progress note, Ms. Stebbins diagnosed PTSD. She noted that PTSD diagnosis criteria had been reviewed. Ms. Stebbins related that appellant had an increase in his PTSD symptoms as his cousin and her son had recently died in a motor vehicle accident (MVA), and their funeral was upcoming.

Ms. Stebbins continued to submit therapy progress notes through October 17, 2024. In the October 17, 2024 note, she related that appellant was working four hours a day due to ongoing issues with PTSD and his physical injuries. Appellant related ongoing issues with PTSD symptoms and "mini panic attacks" triggered by traffic.

² OWCP assigned the current claim OWCP File No. xxxxxx457. The record reflects appellant has two prior traumatic injury claims. Under OWCP File No. xxxxxx740 (date of injury November 23, 2021), OWCP accepted an unspecified injury of head, laceration without foreign body of other part of head, strain of muscle, fascia and tendon at neck, sprain of interphalangeal joint of right index finger, contusion of left knee, and contusion of left lower leg. Under OWCP File No. xxxxxx008 (date of injury February 23, 2023), OWCP accepted left ankle abrasion, left thigh abrasion and lower left leg contusion. On January 17, 2025 OWCP administratively combined the current file with the prior cases, with OWCP File No. xxxxxx740, serving as the master file.

In February 6 and March 19, 2024 visit summary forms and reports dated through August 6, 2024, Dr. Snell, in pertinent part, diagnosed MVA-related PTSD. In an April 30, 2024 duty status report (Form CA-17), he diagnosed, in relevant part, PTSD and indicated with the word “Yes” that the diagnosis was due to the injury, which was noted as a November 17, 2023 MVA.

In January 2 and February 29, 2024 outpatient psychiatric progress notes, Angela Nickens, a nurse practitioner, provided an assessment of depression, anxiety disorder, and PTSD.

On October 22, 2024 appellant filed a notice of recurrence (Form CA-2a) alleging that he sustained a recurrence of disability on October 10, 2024 due to medical treatment and lost time from work as a result of PTSD causally related to his accepted November 17, 2023 employment injury. He indicated that he was restricted to four hours of work per day from January 9 through August 12, 2024 due to his accepted employment conditions and PTSD.

By development letter dated November 7, 2024, OWCP informed appellant that the evidence received was insufficient to establish his claim for recurrence because he did not have any accepted psychological conditions. It informed appellant of the deficiencies of his request for expansion of the acceptance of the claim, advised him of the type of medical evidence necessary, and provided a questionnaire for his completion. OWCP afforded him 30 days to respond.

In November 25 and December 3, 2024 notes, Ms. Stebbins indicated that appellant was diagnosed with PTSD. She related that a PTSD diagnosis as presented in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) was directly caused by experiencing a trauma and can be compounded by an additional trauma. Ms. Stebbins opined that appellant’s PTSD diagnosis was a direct cause from his first work-related car accident and that the diagnosis and symptoms were worsened by the subsequent work-related accidents, including his second work-related car accident on November 17, 2023. She related that his PTSD symptoms included recurring intrusive and distressing memories of traumatic events, flashbacks, intense psychological distress when exposed to external trauma cues, negative emotional state, hypervigilance, and exaggerated startle response. Ms. Stebbins related that appellant’s symptoms were of clinical significance, had been present for more than one month, and required weekly therapy and medication management.

In November 17, 2024 visit summary, Dr. Snell indicated appellant could return to work for four hours a day, with a restriction of no driving after 2:30 p.m.

In an April 15, 2025 report, Dr. Snell stated that he reviewed his notes from appellant’s October 10, 2024 visit, wherein appellant was placed back on restrictions due to worsening PTSD and left knee symptoms. He indicated that appellant had subsequently negotiated a new driving route and was doing fine. Dr. Snell stated that appellant had been working full duties since March 12, 2025.

On April 10, 2025 OWCP referred appellant to Dr. Norman Miller, a Board-certified psychiatrist, to assess whether appellant has a psychological condition due to his accepted work injuries.

In a May 20, 2025 report, Dr. Miller noted that he had previously performed an independent psychiatric evaluation on October 19, 2022, wherein he had opined that appellant did

not suffer from a psychiatric diagnosis due to the November 23, 2021 employment-related incident. Dr. Miller noted his review of the April 1, 2025 statement of accepted facts (SOAF), appellant's history regarding the November 17, 2023 employment injury, and that appellant had resumed treatment during January 2024 with a diagnosis of PTSD. When asked, appellant recounted his symptoms of PTSD which included feeling tense when driving, worry regarding another accident, and avoiding highway travel. Dr. Miller noted the results of appellant's mental status examination and opined that appellant did not have a psychiatric condition. He explained that appellant did not meet the criteria for a psychiatric condition, including PTSD, related to his 2023 motor vehicle accident. Dr. Miller also opined that appellant had no psychiatric restrictions for work. In a May 14, 2025 work capacity evaluation psychiatric/psychological conditions (Form OWCP-5a), he opined that appellant was capable of performing his usual job without restrictions.

On May 29, 2025 OWCP requested Dr. Miller provide a supplemental report.

In a June 24, 2025 supplemental report, Dr. Miller opined that, as noted in his May 14, 2025 evaluation, appellant did not have a psychiatric condition, and he did not meet criteria for PTSD. He also indicated that he would not impose psychiatric restrictions for work.

In an August 14, 2025 report, Dr. Snell related that appellant had several work-related conditions, including PTSD, from two work-related MVAs. He also disagreed with Dr. Miller's opinion.

By decision dated September 8, 2025, OWCP denied expansion of the acceptance of appellant's claim to include an additional diagnosis of PTSD as causally related to the accepted November 17, 2023 employment injury.

LEGAL PRECEDENT

When an employee claims that a condition not accepted or approved by OWCP was due to an employment injury, he or she bears the burden of proof to establish that the condition is causally related to the employment injury.³

The claimant bears the burden of proof to establish a claim for a consequential injury.⁴ As part of this burden, he or she must present rationalized medical opinion evidence, based on a complete factual and medical background, establishing causal relationship. The opinion must be one of reasonable medical certainty and must be supported by medical rationale explaining the nature of the relationship of the diagnosed condition and the specific employment factors or employment injury.⁵

³ *G.D.*, Docket No. 26-0072 (issued March 3, 2026); *J.R.*, Docket No. 20-0292 (issued June 26, 2020); *W.L.*, Docket No. 17-1965 (issued September 12, 2018); *V.B.*, Docket No. 12-0599 (issued October 2, 2012); *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004).

⁴ *V.K.*, Docket No. 19-0422 (issued June 10, 2020); *A.H.*, Docket No. 18-1632 (issued June 1, 2020); *I.S.*, Docket No. 19-1461 (issued April 30, 2020).

⁵ *K.W.*, Docket No. 18-0991 (issued December 11, 2018).

Causal relationship is a medical issue and the medical evidence required to establish causal relationship is rationalized medical evidence.⁶ Neither the mere fact that a disease or condition manifests itself during a period of employment, nor the belief that the disease or condition was caused or aggravated by employment factors or incidents, is sufficient to establish causal relationship.⁷

When an injury arises in the course of employment, every natural consequence that flows from that injury likewise arises out of the employment, unless it is the result of an independent intervening cause attributable to the claimant's own intentional misconduct.⁸ The basic rule is that a subsequent injury, whether an aggravation of the original injury or a new and distinct injury, is compensable if it is the direct and natural result of a compensable primary injury.⁹

Section 8123(a) of FECA provides, in pertinent part: "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 (known as a referee physician or an impartial medical examiner (IME)) who shall make an examination."¹⁰ This is called an impartial medical examination and OWCP will select a physician who is qualified in the appropriate specialty and who has no prior connection with the case. When there exist opposing medical reports of virtually equal weight and rationale and the case is referred to an 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.¹¹

ANALYSIS

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

Appellant submitted reports from Dr. Snell in which he related that appellant had several work-related conditions, including PTSD, from two work-related MVAs. Additionally, he submitted multiple reports from Ms. Stebbins, a licensed clinical psychologist. In November 25 and December 3, 2024 notes, Ms. Stebbins diagnosed PTSD, based on the criteria of the DSM-5 manual. She explained that the diagnosis was based on appellant's symptoms, which she

⁶ *G.R.*, Docket No. 18-0735 (issued November 15, 2018).

⁷ *Id.*

⁸ *I.S.*, Docket No. 19-1461 (issued April 30, 2020); *A.M.*, Docket No. 18-0685 (issued October 26, 2018); *Mary Poller*, 55 ECAB 483, 487 (2004).

⁹ *J.M.*, Docket No. 19-1926 (issued March 19, 2021); *Susanne W. Underwood (Randall L. Underwood)*, 53 ECAB 139, 141 n. 7 (2001).

¹⁰ 5 U.S.C. § 8123(a). *See R.C.*, Docket No. 18-0463 (issued February 7, 2020); *see also G.B.*, Docket No. 16-0996 (issued September 14, 2016).

¹¹ 20 C.F.R. § 10.321. *See also J.H.*, Docket No. 22-0981 (issued October 30, 2023); *N.D.*, Docket No. 21-1134 (issued July 13, 2022); *Darlene R. Kennedy*, 57 ECAB 414 (2006); *Gloria J. Godfrey*, 52 ECAB 486 (2001); *James P. Roberts*, 31 ECAB 1010 (1980).

identified. Ms. Stebbins concluded that the PTSD diagnosis was caused by appellant's first work-related car accident and worsened by the subsequent two work-related car accidents.

In May 20 and June 24, 2025 reports, Dr. Miller, a second opinion physician, noted that he had previously opined in an October 19, 2022 report that appellant did not suffer from a psychiatric diagnosis due to the November 23, 2021 employment-related incident. He also noted appellant's history of the November 17, 2023 employment-related incident, reviewed the April 1, 2025 SOAF and conducted a mental status examination. Dr. Miller opined that appellant did not have a psychiatric condition, including PTSD, related to his MVA in 2023 as he did not meet the criteria for PTSD.

As noted above, if there is a disagreement between an employee's physician and an OWCP physician, OWCP will appoint an IME who shall make an examination.¹² The Board finds that a conflict in medical opinion exists between Dr. Snell, appellant's treating physician, and Ms. Stebbins, appellant's treating psychologist, on the one hand, and Dr. Miller, the second opinion physician, on the other hand, regarding whether appellant has PTSD, which was either caused, accelerated or aggravated by his work-related MVAs.

The Board, therefore, will remand the case for OWCP to refer appellant to an IME for resolution of the conflict in medical opinion evidence. On remand OWCP shall refer the case record, a SOAF, and appellant to a specialist in the appropriate field of medicine, to serve as an IME, for a reasoned medical opinion regarding whether appellant's PTSD, was causally related to, or consequential to, the accepted November 17, 2023 employment injury. Following 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.

¹² See *K.W.*, Docket No. 26-0157 (issued March 30, 2026); *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).

ORDER

IT IS HEREBY ORDERED THAT the September 8, 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: April 28, 2026
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