United States Department of Labor
Employees' Compensation Appeals Board

D.C., Appellant	)	
and	)	**Docket No. 26-0255**
	)	**Issued: August 6, 2026**
U.S. POSTAL SERVICE, WT HARRIS POST OFFICE, Charlotte, NC, Employer	)	

Appearances:
Daniel F. Read, Esq., for the appellant[1]
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
ALEC J. KOROMILAS, Chief Judge
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On January 18, 2026 appellant, through counsel, filed a timely appeal from a November 3, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[2] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.[3]

[1] 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 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.

[2] 5 U.S.C. § 8101 *et seq.*

[3] The Board notes that, following the November 3, 2025 decision, appellant submitted additional evidence to OWCP. However, the Board's *Rules of Procedures* 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 disability from work, commencing December 22, 2024, causally related to her accepted December 21, 2018 employment injury.

FACTUAL HISTORY

This case has previously been before the Board on a different issue.[4] The facts and circumstances of the case as set forth in the Board's prior decision are incorporated herein by reference. The relevant facts are as follows.

On December 21, 2018 appellant, then a 37-year-old rural carrier associate, filed a traumatic injury claim (Form CA-1) alleging that on December 21, 2018 she sustained a lower back injury when she lifted and moved a mail parcel while in the performance of duty. She advised that she felt a popping sensation in her lower back when she put the parcel down. Appellant stopped work on the date of the injury. OWCP initially accepted her claim for strain of muscle of the lower back, and lumbar radiculopathy. It paid appellant wage-loss compensation for disability from work on the supplemental rolls, effective February 5, 2019, and on the periodic rolls, effective April 28, 2019. She returned to limited-duty work on a full-time basis on January 28, 2021.

On January 12, 2022 OWCP expanded the acceptance of appellant's claim to include cervical disc degeneration at the C5-6 and C6-7 levels.

Appellant began working in the private sector as a customer service representative on October 7, 2022 and stopped work on December 22, 2024.[5]

After development of the case record, by decision dated December 23, 2024, OWCP authorized payment of wage-loss compensation for disability from work for intermittent dates from July 31 through September 24, 2021, and the periods September 25, 2021 through July 22, 2022, July 30, 2022 through February 10, 2023, and February 25 through May 19, 2023.

On February 3, 2025 appellant began filing claims for compensation (Form CA-7) for disability from work commencing December 22, 2024.

In a March 24, 2025 development letter, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of evidence needed to establish her claim and provided a questionnaire for her completion. OWCP afforded appellant 30 days to submit the necessary evidence.

In a March 30, 2025 letter, counsel asserted that the employing establishment failed to provide appellant appropriate limited-duty work and argued that OWCP's acceptance of prior

[4] Docket No. 23-1141 (issued August 2, 2024).

[5] The case record contains salary records from appellant's private sector job which show receipt of salary through December 21, 2024.

periods of disability constituted the basis for payment of wage-loss compensation commencing December 22, 2024.

By decision dated June 5, 2025, OWCP denied appellant's disability claim, finding that the medical evidence of record was insufficient to establish disability from work, commencing December 22, 2024, causally related to her accepted December 21, 2018 employment injury.

On June 17, 2025 OWCP received June 3, 2025 responses to the development questionnaire wherein appellant indicated that her private employment as a customer service representative involved answering telephone calls. Appellant discussed her prior work as a rural carrier associate and advised that she had undergone neck and lower back surgery, as well as surgery for right carpal tunnel syndrome.

On June 18, 2025 OWCP received a December 12, 2022 report wherein Dr. David R. Wiercisiewski, a Board-certified physiatrist, detailed appellant's physical examination findings and medication regimen. Dr. Wiercisiewski opined that she could not return to work at the employing establishment.

On July 2, 2025 OWCP received a June 4, 2025 report wherein Dr. James M. Patton, a Board-certified neurologist, noted that appellant presented with complaints of decreased range of motion (ROM) and pain in her neck, low back, and shoulders, and weakness/numbness in her legs. Dr. Patton documented physical examination findings of reduced ROM of the neck and lumbar spine with pain, and bilateral positive straight leg testing. He diagnosed strain of muscle, fascia, and tendon of the lower back; lumbar radiculopathy; and cervical disc degeneration at the C5-6 and C6-7 levels. Dr. Patton advised that the continuation of appellant's symptoms and need for care were "due to the degenerative nature of her diagnostic codes." He stated, 'This is not a recurrence but a continuation of her original injuries and the degenerative nature of her cervical spine." In a June 4, 2025 note, Dr. Patton provided a prescription for therapy.

OWCP subsequently received additional medical evidence. In a July 1, 2025 report, Dr. Wiercisiewski noted that appellant was status post March 2025 anterior cervical discectomy and fusion surgery. He documented upon physical examination that she had normal muscle strength in the upper and lower extremities, but that pain limited her ability to sit, stand, and walk. Dr. Wiercisiewski diagnosed cervical radiculopathy, lumbar radiculopathy, spondylosis of the lumbar region without myelopathy or radiculopathy, and spondylosis of the lumbar region without myelopathy or radiculopathy. He indicated that appellant was unable to return to work at the employing establishment because of her work restrictions.

In a July 1, 2025 work capacity evaluation (Form OWCP-5c), Dr. Wiercisiewski opined that appellant could not return to her regular job without restriction and advised that she could only perform sedentary work. He provided work restrictions, including sitting no more than four hours, standing no more than one hour, walking no more than one hour, and pushing, pulling, and lifting no more than five pounds. Dr. Wiercisiewski advised that appellant needed a 15-minute break each hour and stated that she could not work at the employing establishment with these restrictions.

In an August 12, 2025 report, Dr. Patton noted that appellant reported her bilateral leg numbness and weakness started after she had a radiofrequency ablation at L4-S1 on January 23, 2025. He documented physical examination findings of reduced ROM of the neck and lumbar spine with pain, and bilateral positive straight leg testing. Dr. Patton diagnosed strain of muscle, fascia, and tendon of the lower back; lumbar radiculopathy; and cervical disc degeneration at the C5-6 and C6-7 levels. He opined that appellant was incapacitated from working as a rural carrier associate "at this time."

In an August 14, 2025 letter, Dr. Patton indicated that his letter was in response to the denial of appellant's disability claim for the period May 3 through June 13, 2025. He opined that the medical and factual evidence overwhelmingly supported that her current condition did not constitute a recurrence, but rather constituted a progression of the degenerative disease process that was initiated and directly accelerated by the original traumatic injury on December 20, 2018. Dr. Patton indicated that, after the original lifting injury on December 20, 2018, appellant never experienced a period of full recovery or sustained improvement, and that she experienced a worsening of her symptoms of decreased ROM of the neck, low back, and shoulders, as well as bilateral leg numbness and weakness. He opined that her original injury set in motion a cascade of structural and cellular changes within the spinal discs and surrounding tissues, leading to ongoing degeneration and symptom progression. Dr. Patton noted that there was no evidence of a new, isolated event that could account for appellant's ongoing or worsening symptoms. He stated that her condition had followed a continuous trajectory of decline since the original injury, consistent with the natural history of degenerative spinal disease. Dr. Patton noted that although appellant attempted to return to work with medical restrictions, the employing establishment's failure to honor these restrictions resulted in additional biomechanical stress to her already compromised spine. He stated, "[Appellant] was temporarily totally disabled and unable to return to work during this time frame."

In an October 14, 2025 report, Dr. Patton documented physical examination findings and diagnosed strain of muscle, fascia, and tendon of the lower back; lumbar radiculopathy; and cervical disc degeneration at the C5-6 and C6-7 levels. He opined that appellant was incapacitated from working as a rural carrier associate "at this time."

In an October 14, 2025 Form OWCP-5c, Dr. Patton opined that appellant could not return to her regular job without restriction and advised that she could only perform sedentary work. He provided work restrictions, pushing, pulling, and lifting no more than five pounds.

On October 28, 2025 OWCP received an undated statement wherein appellant described the duties of her job in the private sector as a customer service representative. She indicated that sitting for lengthy periods caused back pain and burning and tingling sensations in her legs and feet.

On October 28, 2025 counsel, on behalf of appellant, requested reconsideration and provided additional argument, contending that the evidence of record supports a recurrence of total disability.

By decision dated November 3, 2025, OWCP denied modification of its June 5, 2025 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA has the burden of proof to establish the essential elements of his or her claim including that any disability or specific condition for which compensation is claimed is causally related to the employment injury.[6]

Under FECA the term "disability" means the incapacity, because of an employment injury, to earn the wages that the employee was receiving at the time of injury.[7] Disability is thus not synonymous with physical impairment, which may or may not result in an incapacity to earn wages.[8] An employee who has a physical impairment causally related to a federal employment injury, but who nevertheless has the capacity to earn the wages he or she was receiving at the time of injury, has no disability as that term is used in FECA.[9] When, however, the medical evidence establishes that the residuals or sequelae of an employment injury are such that, from a medical standpoint, they prevent the employee from continuing in his or her employment, he or she is entitled to compensation for loss of wages.[10]

The medical evidence required to establish causal relationship between a claimed period of disability and an employment injury is rationalized medical opinion evidence. The opinion of the physician must be based on a complete factual and medical background of the claimant, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the claimed disability and the accepted employment injury.[11]

The Board will not require OWCP to pay compensation for disability in the absence of medical evidence directly addressing the specific dates of disability for which compensation is claimed. To do so would essentially allow an employee to self-certify his or her disability and entitlement to compensation.[12]

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish disability from work, commencing December 22, 2024, causally related to her accepted December 21, 2018 employment injury.

---

[6] *J.N.*, Docket No. 26-0379 (issued June 23, 2026); *S.W.,* Docket No. 18-1529 (issued April 19, 2019); *J.F.*, Docket No. 09-1061 (issued November 17, 2009); *Kathryn Haggerty,* 45 ECAB 383 (1994); *Elaine Pendleton,* 40 ECAB 1143 (1989).

[7] 20 C.F.R. § 10.5(f).

[8] *See T.E.,* Docket No. 26-0248 (issued June 17, 2026); *L.W.,* Docket No. 17-1685 (issued October 9, 2018).

[9] *See K.H.,* Docket No. 19-1635 (issued March 5, 2020).

[10] *See J.S.,* Docket No. 26-0155 (issued May 20, 2026); *D.R.,* Docket No. 18-0323 (issued October 2, 2018).

[11] *S.J.,* Docket No. 17-0828 (issued December 20, 2017); *Kathryn E. DeMarsh*, 56 ECAB 677 (2005).

[12] *K.A.*, Docket No. 19-1564 (issued June 3, 2020); *J.B.*, Docket No. 19-0715 (issued September 12, 2019); *William A. Archer*, 55 ECAB 674 (2004); *Fereidoon Kharabi*, 52 ECAB 291, 293 (2001).

Appellant submitted a June 4, 2025 report wherein Dr. Patton diagnosed strain of muscle, fascia, and tendon of the lower back; lumbar radiculopathy; and cervical disc degeneration at the C5-6 and C6-7 levels. Dr. Patton advised that the continuation of her symptoms and need for care were "due to the degenerative nature of her diagnostic codes." He stated, 'This is not a reoccurrence but a continuation of her original injuries and the degenerative nature of her cervical spine." The Board finds, however, that Dr. Patton did not provide adequate medical rationale in support of his opinion that appellant sustained disability from work, commencing December 22, 2024, causally related to her accepted December 21, 2018 employment injury. Dr. Patton did not describe the accepted December 21, 2018 traumatic employment injury in any detail or explain how it could have been competent to cause disability on or after December 22, 2024. The Board has held that reports that do not contain medical rationale explaining how the accepted employment injury caused or contributed to the claimed disability are of limited probative value regarding causal relationship.[13] Therefore, this evidence is insufficient to establish appellant's disability claim.

In an August 14, 2025 letter, Dr. Patton indicated that his letter was in response to the denial of appellant's disability claim for the period May 3 through June 13, 2025. He opined that the medical and factual evidence overwhelmingly supported that her current condition did not constitute a recurrence, but rather constituted a progression of the degenerative disease process that was initiated and directly accelerated by the original traumatic injury on December 20, 2018. Dr. Patton indicated that, after the original lifting injury on December 20, 2018, appellant never experienced a period of full recovery or sustained improvement, and that she experienced a worsening of her symptoms of decreased ROM of the neck, low back, and shoulders, as well as bilateral leg numbness and weakness. He opined that her original injury set in motion a cascade of structural and cellular changes within the spinal discs and surrounding tissues, leading to ongoing degeneration and symptom progression. Dr. Patton noted that there was no evidence of a new, isolated event that could account for appellant's ongoing or worsening symptoms. He stated that her condition had followed a continuous trajectory of decline since the original injury, consistent with the natural history of degenerative spinal disease. Dr. Patton noted that although appellant attempted to return to work with medical restrictions, the employing establishment's failure to honor these restrictions resulted in additional biomechanical stress to her already compromised spine. He stated, "[Appellant] was temporarily totally disabled and unable to return to work during this time frame." However, Dr. Patton did not provide adequate medical rationale in support of his opinion that appellant sustained disability from work, commencing December 22, 2024, causally related to her accepted December 21, 2018 employment injury. As noted above, the Board has held that reports that do not contain medical rationale explaining how the accepted employment injury caused or contributed to the claimed disability are of limited probative value regarding causal relationship.[14] Therefore, this evidence is insufficient to establish appellant's disability claim.

[13] *See J.D.,* Docket No. 25-0884 (issued April 22, 2026); *see also C.H.,* Docket No. 25-0848 (issued November 24, 2025) (reports that do not contain medical rationale explaining how the accepted employment injury caused or contributed to the claimed disability are of limited probative value regarding causal relationship).

[14] *Id.*

Appellant submitted additional medical evidence. In a December 12, 2022 report, Dr. Wiercisiewski documented physical examination findings and opined that she could not return to work at the employing establishment. In a June 4, 2025 note, Dr. Patton provided a prescription for therapy. In a July 1, 2025 report, Dr. Wiercisiewski indicated that appellant was unable to return to work at the employing establishment because of her work restrictions. In a July 1, 2025 Form OWCP-5c, he opined that she could not return to her regular job without restriction and advised that she could only perform sedentary work. Dr. Wiercisiewski provided work restrictions and stated that appellant could not work at the employing establishment with these restrictions. In an August 12, 2025 report, Dr. Patton opined that she was incapacitated from working as a rural carrier associate "at this time." In an October 14, 2025 report, he opined that appellant was incapacitated from working as a rural carrier associate "at this time." In an October 14, 2025 Form OWCP-5c, Dr. Patton opined that she could not return to her regular job without restriction and advised that she could only perform sedentary work.

Although Dr. Wiercisiewski and Dr. Patton opined that appellant had disability during the claimed period, *i.e.*, the period commencing December 22, 2024, neither physician provided an opinion that such disability was causally related to the accepted December 21, 2018 employment injury. 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 value on the issue of causal relationship.[15] Therefore, this evidence is insufficient to establish appellant's disability claim.

Counsel asserted that appellant established work-related disability commencing December 22, 2024 because the employing establishment failed to provide limited-duty work in July 2023 which was in accordance with work restrictions necessitated by the accepted December 21, 2018 employment injury.[16] However, appellant, who was working for a private sector employer when she stopped work on December 22, 2024, did not submit sufficient medical evidence to establish any degree of disability causally related to the accepted December 21, 2018 employment injury on or after December 22, 2024.

As the medical evidence of record is insufficient to establish disability from work for the claimed period causally related to the accepted December 21, 2018 employment injury, the Board finds that appellant 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.

[15] *See F.S.,* Docket No. 23-0112 (issued April 26, 2023); *L.B.,* Docket No. 18-0533 (issued August 27, 2018); *D.K.,* Docket No. 17-1549 (issued July 6, 2018).

[16] *See* 20 C.F.R. § 10.5(x); *L.D.,* Docket No. 25-0721 (issued May 27, 2026); *J.D.,* Docket No. 18-1533 (issued February 27, 2019) (disability may be found due to unavailability of limited-duty work within restrictions necessitated by an accepted work injury).

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish disability from work, commencing December 22, 2024, causally related to her accepted December 21, 2018 employment injury.

ORDER

IT IS HEREBY ORDERED THAT the November 3, 2025 decision of the Office of Workers' Compensation Program is affirmed.

Issued: August 6, 2026
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

Janice B. Askin, Judge
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board