United States Department of Labor
Employees' Compensation Appeals Board

S.P., Appellant	)	
and	)	**Docket No. 26-0402**
	)	**Issued: August 13, 2026**
U.S. POSTAL SERVICE, BOGGS ROAD POST OFFICE, Duluth, GA, Employer	)	

Appearances:
Appellant, pro se
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
ALEC J. KOROMILAS, Chief Judge
PATRICIA H. FITZGERALD, Deputy Chief Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On March 27, 2026 appellant filed a timely appeal from December 4, 2025 and February 3, 2026 merit decisions of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[1] (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 medical condition causally related to the accepted February 24, 2025 employment incident.

FACTUAL HISTORY

On February 26, 2025 appellant, then a 25-year-old rural carrier associate, filed a traumatic injury claim (Form CA-1) alleging that, on February 24, 2025, she sustained multiple injuries when the postal vehicle she was operating was rear-ended by a pickup truck while delivering mail in the

[1] 5 U.S.C. § 8101 *et seq.*

performance of duty. She noted that her mail van flipped multiple times and landed on its right side. Appellant indicated that she developed pain in her head, neck, lower back, abdomen, legs, and right knee. She stopped work on February 24, 2025.

In support of her claim, appellant submitted the first page of a February 24, 2025 emergency department clinical summary, which was unsigned. The summary noted diagnoses of acute bilateral low back pain and acute pain of left shoulder and right foot, and injury due to a motor vehicle accident.

In a March 7, 2025 development letter, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence required to establish her claim and provided a questionnaire for her completion. OWCP afforded appellant 60 days to submit the requested evidence.

OWCP subsequently received a February 24, 2025 emergency room report wherein Dr. William Anderson, a Board-certified family physician, evaluated appellant following a motor vehicle accident on that date. Dr. Anderson diagnosed acute back pain.

In a March 8, 2025 progress report, Roxaan Deen, a nurse practitioner, evaluated appellant for complaints of lower back pain, knee pain, and leg weakness. She diagnosed injury due to motor vehicle accident, initial encounter; anesthesia of skin; paresthesia of skin; acute pain of right knee; lumbar back pain; and mid back pain.

In a follow-up development letter dated April 17, 2025, OWCP advised appellant that it conducted an interim review, and the evidence remained insufficient to establish her claim. It noted that she had 60 days from the March 7, 2025 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.

On April 30, 2025 OWCP received an unsigned encounter report which noted various diagnoses and encounter dates for an unidentified patient.

By decision dated May 16, 2025, OWCP denied appellant's claim, finding that the evidence of record was insufficient to establish a diagnosed medical condition in connection with the accepted February 24, 2025 employment incident. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

On September 9, 2025 appellant requested reconsideration.

In support thereof, appellant submitted diagnostic studies including April 10, 2025 magnetic resonance imaging (MRI) scans of the cervical and lumbar areas of the spine.

By decision dated September 24, 2025, OWCP modified the May 16, 2025 decision to find that the evidence of record was sufficient to establish a medical diagnosis in connection with the accepted February 24, 2025 employment incident. The claim remained denied, however, as the medical evidence of record was insufficient to establish causal relationship between the diagnosed medical condition(s) and the accepted February 24, 2025 employment incident.

Appellant continued to submit additional evidence in support of her claim, including an April 3, 2025 report from David Curry, a nurse practitioner; a July 10, 2025 report from Laura Gwillim, a physical therapist; a July 21, 2025 report from Dara Merritt, a nurse practitioner; and a November 19, 2025 report from Melinda Lavecchia, a physician assistant, documenting treatment for her back and neck conditions following the February 24, 2025 motor vehicle accident.

On December 1, 2025 appellant requested reconsideration.

In an April 8, 2025 report, Dr. Thomas B. Smotherman, a treating chiropractor, evaluated appellant for complaints of pain in the neck, low back, knees, left ankle and shoulder, and right foot following a February 24, 2025 motor vehicle accident. He noted his review of the diagnostic studies and the history of injury.

In a July 15, 2025 report, Dr. Hewatt Sims, a Board-certified orthopedic spine surgeon, reported that appellant presented following a motor vehicle accident on February 24, 2025 which resulted in cervical and lumbar pain, noting that she described the sudden onset of pain radiating to her bilateral shoulders, arms, and hands. He indicated that appellant described minimal improvement, despite receiving steroid injections and undergoing physical therapy. Dr. Sims reviewed an April 10, 2025 MRI scan of the cervical spine, which demonstrated mild changes at C4-5 and C5-6. He further reported that a July 15, 2025 x-ray of the cervical spine revealed mild degenerative collapse at C4-5 and C5-6 with no acute change or instability. Dr. Sims concluded that appellant should continue treatment through pain management as surgical intervention was not currently recommended.

In a November 19, 2025 report, Dr. Randolph Bishop, a Board-certified neurosurgeon, reported that appellant was being evaluated following a motor vehicle accident on February 24, 2025 when she was rear-ended by a truck hauling a boat while driving her work vehicle for the employing establishment. He noted that she began having bothersome neck and low back pain, which radiated to the extremities a few days later. Dr. Bishop indicated that appellant had been unable to work since the time of the employment incident as physical therapy, chiropractic visits, medication management, home exercises, and lumbar injections had provided her little relief. He reviewed findings from an April 2025 MRI scan of the lumbar spine which demonstrated disc bulging/protrusion at L4-5 with annular fissure and mild canal and foraminal stenosis, and mild facet arthropathy/hypertrophy at L4-5 and L5-S1. Dr. Bishop diagnosed lumbosacral spondylosis with radiculopathy. He opined that the onset of neck and back pain a few days following the February 24, 2025 accident revealed a cause-and-effect relationship based on his review of the diagnostic imaging studies.

In a separate narrative report dated November 19, 2025, Dr. Bishop explained that appellant was being treated for lumbar spondylosis with radiculopathy and was fully disabled until further notice. He provided appellant sedentary work restrictions.

By decision dated December 4, 2025, OWCP denied modification of the September 24, 2025 decision.

On January 12, 2026 appellant requested reconsideration. In a statement submitted on January 14, 2026, she described her history of injury.

Appellant continued to submit additional medical evidence in support of her claim.

In physical therapy work release notes dated June 3 through October 8, 2025, Ms. Gwillim documented appellant's work restrictions.

In medical reports dated August 20, 2025 through January 15, 2026, Dr. Bishop discussed appellant's history of injury, reviewed examination findings, and evaluated diagnostic studies including April 2025 MRI scans of the lumbar and cervical spine and a December 2025 electromyography/nerve conduction velocity (EMG/NCV) study of the bilateral upper and lower extremities. He reported that appellant presented with chronic low back and neck pain following a motor vehicle accident in February 2025 while working as a delivery driver for the employing establishment when her truck was hit by another truck hauling a boat. Dr. Bishop noted that appellant had been out of work since the injury occurred as epidural injections to the cervical and lumbar spine failed to provide her relief. He reviewed the April 2025 MRI scan of the cervical spine and noted small disc bulging at C4-5 and C5-6, annular fissure without significant nerve involvement, and straightening of the normal lordosis. Dr. Bishop further indicated that the December 2025 EMG/NCV study of the bilateral upper and lower extremities revealed an impression of bilateral C7 radiculopathy and bilateral L5-S1 radiculopathy. He diagnosed ongoing cervical spondylosis with radiculopathy and lumbosacral spondylosis with radiculopathy. Dr. Bishop asserted that appellant had no difficulties or significant pain prior to the February 2025 employment incident, explaining that for the past 11 months following her injury, she experienced daily pain and difficulty tolerating activities that she was normally able to do despite receiving multiple treatment modalities. As such, he opined that from a neurological standpoint, this established causal relationship to her injury. Dr. Bishop recommended a functional capacity evaluation to determine her disability rating.

By decision dated February 3, 2026, OWCP denied modification of the December 4, 2025 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA[2] 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,[3] 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

[2] *Id.*

[3] *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).

employment injury.[4] 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.[5]

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it first must be determined whether fact of injury has been established. First, the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the time and place, and in the manner alleged. Second, the employee must submit sufficient evidence to establish that the employment incident caused an injury.[6]

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.[7] The opinion of the physician must be based on a complete factual and medical background of the employee, 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 specific employment incident identified by the employee.[8]

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted February 24, 2025 employment incident.

In a February 24, 2025 emergency room report, Dr. Anderson evaluated appellant following a motor vehicle accident and diagnosed acute back pain. However, he did not provide an opinion on causal relationship. 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.[9] Therefore, this evidence is insufficient to establish the claim.

In a July 15, 2025 report, Dr. Sims reported that appellant presented for a new patient evaluation due to lumbar and cervical pain radiating to the bilateral upper extremities following a motor vehicle accident on February 24, 2025. He reviewed diagnostic studies which revealed an impression of mild degenerative collapse at C4-5 and C5-6 and recommended appellant continue treatment through pain management. However, Dr. Sims did not provide an opinion on causal relationship. As explained above, the Board has held that medical evidence that does not offer an

[4] *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).

[5] *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).

[6] *H.M.*, Docket No. 22-0343 (issued June 28, 2022); *T.J.*, Docket No. 19-0461 (issued August 11, 2020); *K.L.*, Docket No. 18-1029 (issued January 9, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

[7] *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).

[8] *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*, 41 ECAB 345, 352 (1989).

[9] *See L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.,* Docket No. 17-1549 (issued July 6, 2018).

opinion regarding the cause of an employee's condition or disability is of no probative value on the issue of causal relationship.[10] Thus, this evidence is insufficient to establish appellant's claim.

In reports dated August 20, 2025 through January 15, 2026, Dr. Bishop related appellant's history of the February 24, 2025 injury, reviewed diagnostic tests, and provided physical examination findings. He related that appellant continued to experience daily pain and difficulty tolerating activities approximately one year following the incident, despite receiving multiple treatment modalities. Dr. Bishop diagnosed lumbar spondylosis with radiculopathy and cervical spondylosis with radiculopathy and opined that appellant's conditions were due to the February 24, 2025 employment incident. However, while he provided an affirmative opinion in support of causal relationship, he did not offer sufficient rationale to support his opinion.[11] Medical reports consisting solely of conclusory statements without sufficient rationale are of diminished probative value.[12] This evidence is therefore insufficient to establish the claim.

Appellant also submitted an April 8, 2025 chiropractic treatment report from Dr. Smotherman, who evaluated her for complaints of pain following a February 24, 2025 motor vehicle accident. The Board notes that section 8101(2) of FECA provides that the term physician, as used therein, includes chiropractors only to the extent that their reimbursable services are limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by x-ray to exist and subject to regulations by the Secretary.[13] OWCP's implementing federal regulations at 20 C.F.R. § 10.5(bb) defines subluxation as an incomplete dislocation, off-centering, misalignment, fixation or abnormal spacing of the vertebrae which must be demonstrated on x-ray.[14] Dr. Smotherman, however, did not diagnose a subluxation as demonstrated by x-ray to exist. He is, therefore, not considered a physician as defined under FECA and his chiropractic report does not constitute competent medical evidence.[15]

OWCP also received progress reports and work status notes from physician assistants, nurse practitioners, and physical therapists. However, certain healthcare providers such as nurses, physician assistants, and physical therapists are not considered physicians as defined under FECA

[10] *Id.*

[11] *See R.N.*, Docket No. 26-0291 (issued June 18, 2026); *S.J.,* Docket No. 26-0123 (issued April 10, 2026); *J.S.,* Docket No. 25-0231 (issued March 7, 2025); *A.C.,* Docket No. 24-0661 (issued September 11, 2024); *R.B.,* Docket No. 23-1027 (issued April 3, 2024); *S.B.,* Docket No. 24-0064 (issued February 28, 2024); *S.C.,* Docket No. 21-0929 (issued April 28, 2023); *J.D.,* Docket No. 19-1953 (issued January 11, 2021); *M.W.,* Docket No. 14-1664 (issued December 5, 2014).

[12] *See C.B. (S.B.),* Docket No. 19-1629 (issued April 7, 2020); *V.T.,* Docket No. 18-0881 (issued November 19, 2018); *S.E.,* Docket No. 08-2214 (issued May 6, 2009); *T.M.,* Docket No. 08-0975 (issued February 6, 2009).

[13] *Supra* note 1 at § 8101(2).

[14] *Id.*; 20 C.F.R. § 10.311.

[15] *C.V.*, Docket No. 26-0312 (issued June 11, 2026); *E.J.*, Docket No. 25-0863 (issued December 5, 2025); *G.L.,* Docket No. 24-0366 (issued May 17, 2024); *see J.A.,* Docket No. 22-0869 (issued July 3, 2023); *L.M.,* Docket No. 22-0667 (issued November 1, 2022); *T.H.,* Docket No. 17-0833 (issued September 7, 2017); *George E. Williams,* 44 ECAB 533 (1993); *Robert H. St. Onge,* 43 ECAB 1169 (1992).

and their reports do not constitute competent medical evidence.[16] Consequently, their medical findings or opinions are insufficient to meet appellant's burden of proof.[17]

In support of her claim, appellant also submitted the first page of an unsigned February 24, 2025 emergency department clinical summary which noted diagnoses of acute bilateral low-back, left shoulder, and right foot pain, and injury due to motor vehicle accident. She further submitted an unsigned encounter report listing diagnoses and encounter dates for an unidentified patient. The Board has held that unsigned reports and reports that bear illegible signatures and lack proper identification cannot be considered probative medical evidence as the author cannot be identified as a physician.[18] Thus, this evidence is of no probative value and is insufficient to establish appellant's claim.

The remaining medical evidence consists of diagnostic test results. The Board has held that diagnostic studies, standing alone, lack probative value as they do not address whether the employment factors caused any of the diagnosed conditions.[19] Such reports are therefore insufficient to establish appellant's claim.

As the medical evidence of record is insufficient to establish a medical condition causally related to the accepted February 24, 2025 employment incident, the Board finds that she has not met her burden of proof.[20]

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.

[16] Section 8102(2) of FECA provides as follows: physician includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law. 5 U.S.C. § 8102(2); 20 C.F.R. § 10.5(t). *See* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (May 2023); *David P. Sawchuk,* 57 ECAB 316, 320 n.11 (2006) (lay individuals such as physician assistants, nurses, and physical therapists are not competent to render a medical opinion under FECA); *see also T.E.,* Docket No. 23-0484 (issued September 8, 2023) (nurse practitioners are not considered physicians as defined under FECA); *S.S.,* Docket No. 21-1140 (issued June 29, 2022) (physician assistants are not considered physicians under FECA and are not competent to provide medical opinions); *P.S.*, Docket No. 17-0598 (issued June 23, 2017) (registered nurses are not considered physicians as defined under FECA).

[17] *T.H.*, Docket No. 23-1142 (issued March 28, 2024).

[18] *See B.M.*, Docket No. 26-0249 (issued May 26, 2026); *B.S.,* Docket No. 22-0918 (issued August 29, 2022); *S.D.,* Docket No. 21-0292 (issued June 29, 2021); *C.B.,* Docket No. 09-2027 (issued May 12, 2010); *Merton J. Sills,* 39 ECAB 572, 575 (1988).

[19] *See M.P.*, Docket No. 23-1131 (issued June 18, 2024); *V.A.*, Docket No. 21-1023 (issued March 6, 2023); *M.K.*, Docket No. 21-0520 (issued August 23, 2021); *F.D.*, Docket No. 19-0932 (issued October 3, 2019).

[20] *I.D.*, Docket No. 22-0848 (issued September 2, 2022); *T.G.*, Docket No. 14-751 (issued October 20, 2014).

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted February 24, 2025 employment incident.

ORDER

IT IS HEREBY ORDERED THAT the December 4, 2025 and February 3, 2026 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: August 13, 2026
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