

² 5 U.S.C. § 8101 *et seq.*

FACTUAL HISTORY

On April 7, 2025 appellant, then a 60-year-old rural carrier, filed an occupational disease claim (Form CA-2) alleging that she developed piriformis syndrome with sciatica radiating from the left buttock into her knee due to factors of her federal employment, including repetitive motion and prolonged standing. She noted that she first became aware of her condition on January 9, 2025, and realized its relationship to her federal employment on February 12, 2025. Appellant did not stop work.

In an accompanying statement, appellant related that she was diagnosed with piriformis syndrome on January 6, 2025, and advised that her left buttock was “grazed on the side of the driver seat” repetitively when exiting her work vehicle between 25 and 75 times a day to deliver packages and rotate the mail into the front delivery tray. She further implicated the strain of standing two to three hours a day to prepare mail and an additional hour of standing and bending to load her vehicle.

In January 9 and February 12, 2025 treatment notes, Dr. Loyal Walker, a Board-certified family practitioner, diagnosed numbness and tingling of the left lower extremity, left buttock pain, and piriformis syndrome of the left side, left-sided sciatica, anxiety, and primary hypertension.

Commencing February 21, 2025, Jill E. Stump, a physical therapist, provided treatment for appellant’s piriformis pain and right shoulder pain.

In an April 10, 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 afforded her 60 days to respond. In a separate development letter of even date, OWCP requested that the employing establishment provide additional information, including comments from a knowledgeable supervisor regarding appellant’s allegations. It afforded the employing establishment 30 days to respond.

On May 13, 2025 appellant’s supervisor, J.B., responded to the development letter and related that appellant’s rural carrier position required repetitive motions and standing.

In a follow-up May 20, 2025 letter, 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 April 10, 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. No response was received.

By decision dated July 8, 2025, OWCP denied appellant’s occupational disease claim, finding that the evidence of record was insufficient to establish a medical diagnosis in connection with the accepted factors of her employment. Thus, it concluded that appellant had not met the requirements to establish an injury, as defined by FECA.

Appellant continued to submit medical evidence, including an August 8, 2025 left hip magnetic resonance imaging (MRI) scan.

On October 7, 2025 appellant requested reconsideration. and submitted a September 30, 2025 report, wherein Dr. Kristal L. Wilson, a physician Board-certified in pain medicine, diagnosed chronic pain syndrome, lumbar radiculopathy, left side sciatica, and piriformis syndrome. Dr. Wilson also noted performing an ischial tuberosity bursa injection.

In an October 7, 2025 report, Dr. Wilson opined that appellant's employment had "aggravated or otherwise contributed to her chronic pain, sciatica, and lumbar radiculopathy." She reviewed the August 8, 2025 MRI scan and opined that based on this scan appellant's pain had been negatively affected by her workload and tasks."

By decision dated October 21, 2025, OWCP denied modification.

Appellant subsequently submitted additional medical evidence. In a December 16, 2025 report, Dr. G. Jeffrey Popham, a Board-certified orthopedic surgeon, found that appellant was totally disabled from work.

In a December 22, 2025 statement, appellant asserted that she returned to work with no pain on October 31, 2025, noting that she worked 45 hours a week for six weeks. She further asserted that on December 12, 2025, after returning to the employing establishment from delivering mail and parcels, she experienced severe pain on her "back side" such that she could "barely walk."

In a December 30, 2025 report, Dr. Popham related that appellant sought treatment for left hip pain which began in January 2025, that she stopped work for two months, and that during that period her back pain completely resolved. In October 2025, appellant experienced an exacerbation of back pain after carrying packages and mail. Dr. Popham reviewed a lumbar MRI scan and found severe facet osteoarthritis and disc bulges. He diagnosed Grade 1 spondylolisthesis L4 over L5, left hip osteoarthritis, gluteus medius tears of the bilateral hips, and bilateral hamstring origin tendinosis. Dr. Popham opined that appellant had an underlying degenerative condition of her lumbar spine which was exacerbated by necessary physical duties of her job.

On December 30, 2025 appellant requested reconsideration.

In a February 4, 2026 report, Dr. Popham related appellant's history of low back and left hip pain in January 2025 and the resolution of this pain following a two-month hiatus from work. He noted that in October 2025 she experienced an increased workload, a significant exacerbation of low back pain, and reported a clear worsening of symptoms following repetitive work activities. Dr. Popham opined that appellant had an underlying degenerative condition of the lumbar spine which was materially aggravated and exacerbated by the physical demands of her federal employment. He explained that appellant's symptoms were completely resolved when she stopped work but that she experienced a significant and acute worsening of symptoms following repetitive lifting and carrying at work. Dr. Popham opined that her diagnosed conditions of degenerative lumbar pathology of spondylolisthesis and disc protrusions were known to be susceptible to symptomatic exacerbation under repetitive mechanical stress. He further found that the temporal relationship between appellant's work activities and symptom exacerbation "supports a direct causal contribution of her job duties." Dr. Popham concluded,

“[t]herefore, the work activities described were a significant contributing factor in the aggravation of her preexisting lumbar spine condition. [Appellant’s] employment duties aggravated, accelerated, and worsened her underlying lumbar degenerative condition beyond its natural progression. This aggravation is work related and consistent with the mechanism of injury described.”

By decision dated February 9, 2026, OWCP denied modification.

On March 17, 2026 appellant, through counsel, requested reconsideration and submitted additional evidence.

A May 16, 2025 lumbar MRI scan demonstrated severe L4-5 facet osteoarthritis with severe left-sided stenosis with compression of the traversing left L5 nerve roots and generalized L3-4 disc bulge. A June 10, 2025 lumbar computerized tomography (CT) scan demonstrated disc bulges with left lateral recess stenosis. Additionally, June 18, 2025 lumbar spine x-rays demonstrated grade 1 degenerative spondylolisthesis at L4-5. On August 8, 2025 appellant underwent a left hip MRI scan.

In a March 16, 2026 report, Dr. Popham related appellant’s employment activities including repetitive lifting, carrying, prolonged standing, and walking. He indicated that, following the initial onset of symptoms in January 2025, she did not work for two months resulting in a complete resolution of her back pain. Dr. Popham noted that appellant resumed her work duties and that in October 2025 she performed physically demanding duties including repetitive lifting and carrying. He reported that following this period of increased workload she experienced a significant exacerbation of low back pain rendering her totally disabled. Dr. Popham opined that appellant had an underlying degenerative condition of the lumbar spine which was materially aggravated and exacerbated by the physical demands of her job duties. He found that she experienced a significant and acute worsening of symptoms following repetitive lifting and carrying at work, without any intervening non-work-related injury. Dr. Popham concluded that the temporal relationship between appellant’s work activities and symptom exacerbation supported a direct causal contribution of her job duties such that work activities were a significant contributing factor in the aggravation, acceleration, and worsening of her underlying lumbar degenerative condition beyond its natural progression consistent with the mechanism of injury described.

By decision dated April 7, 2026, OWCP denied modification.

LEGAL PRECEDENT

An employee seeking benefits under FECA³ 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, that the claim was filed with the applicable time limitation, that an injury was sustained while in the performance of duty, as alleged, and that any disability or specific condition for which compensation is claimed is causally related to the

³ *Supra* note 1.

employment injury.⁴ These are the essential elements of every compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.⁵

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.⁶

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.⁷ 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.⁸ Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factor(s).⁹

ANALYSIS

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

In his December 30, 2025, and February 4 and March 16, 2026 reports, Dr. Popham related appellant's medical history and employment duties and reviewed diagnostic studies. He noted that appellant had significant preexisting lumbar conditions prior to her current employment. However, Dr. Popham explained that the frequent and repetitive lifting and carrying required by appellant's job duties materially aggravated and exacerbated her preexisting condition. He further explained that appellant's degenerative lumbar pathology of spondylolisthesis and disc protrusions were known to be susceptible to symptomatic exacerbation under repetitive mechanical stress. Dr. Popham further found that the temporal relationship between her work activities and symptom exacerbation "supports a direct causal contribution of her job duties." He concluded, "[t]herefore, the work activities described were a significant contributing factor in the aggravation of her preexisting lumbar spine condition.

⁴ *E.S.*, Docket No. 18-1580 (issued January 23, 2020); *M.E.*, Docket No. 18-1135 (issued January 4, 2019); *C.S.*, Docket No. 08-1585 (issued March 3, 2009); *Bonnie A. Contreras*, 57 ECAB 364 (2006).

⁵ *E.S.*, *id.*; *S.P.*, 59 ECAB 184 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989); *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁶ *A.C.*, Docket No. 25-0783 (issued September 15, 2025); *S.C.*, Docket No. 18-1242 (issued March 13, 2019).

⁷ *W.M.*, Docket No. 14-1853 (issued May 13, 2020); *T.H.*, 59 ECAB 388, 393 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

⁸ *M.V.*, Docket No. 18-0884 (issued December 28, 2018).

⁹ *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).

[Appellant's] employment duties aggravated, accelerated, and worsened her underlying lumbar degenerative condition beyond its natural progression. This aggravation is work related and consistent with the mechanism of injury described.”

It is well established that proceedings under FECA are not adversarial in nature and, while appellant has the burden of proof to establish entitlement to compensation, OWCP shares responsibility for the development of the evidence.¹⁰ OWCP has an obligation to see that justice is done.¹¹ While Dr. Popham's opinion is not fully rationalized, it is sufficient to require further development of the medical evidence.¹²

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 lumbar conditions causally related to or aggravated by the accepted employment factors. If the second opinion physician disagrees with the opinion of Dr. Popham, 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.

¹⁰ See *C.S.*, Docket No. 26-0317 (issued June 12, 2026); *D.S.*, Docket No. 26-0112 (issued April 29, 2026); see also *A.P.*, Docket No. 17-0813 (issued January 3, 2018); *Jimmy Hammons*, 51 ECAB 219, 223 (1999).

¹¹ See *C.S.*, *id.*; *G.M.*, Docket No. 25-0728 (issued September 12, 2025); *J.H.*, Docket No. 25-0565 (issued June 24, 2025); *L.N.*, Docket No. 25-0173 (issued March 6, 2025); *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*, 41 ECAB 354 (1989). *D.S.*, *id.*; see also *A.P.*, *id.*; *Jimmy Hammons*, *id.*

¹² *C.S.*, *id.*; *D.S.*, *supra* note 10; *B.C.*, *id.*; *E.J.*, *id.*; *John J. Carlone*, *id.*; see also *C.A.*, Docket No. 22-0067 (issued October 26, 2023); *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); *William J. Cantrell*, 34 ECAB 1223 (1983).

ORDER

IT IS HEREBY ORDERED THAT the April 7, 2026 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: August 7, 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