

ISSUE

The issue is whether appellant has met her burden of proof to establish a medical condition causally related to the accepted January 10, 2025 employment incident.

FACTUAL HISTORY

On January 15, 2025 appellant, then a 37-year-old materials handler, filed a traumatic injury claim (Form CA-1) alleging that on January 10, 2025 she developed lower back pain, tingling, stiffness, and soreness when the crane she was sitting in dropped while in the performance of duty. She stopped work on January 10, 2025 and returned to light-duty work for four hours per day on April 4, 2025.

In a January 11, 2025 urgent care report, Bethany Fritts, a certified physician assistant, recounted that on January 10, 2025 appellant was sitting in a crane with a harness when the crane dropped four feet in two separate back-to-back incidents. Appellant experienced immediate back pain and tingling. Ms. Fritts reviewed diagnostic studies and related an impression of cervical, thoracic, and lumbar pain, which she attributed to the work injury. She provided restrictions of seated work only, no driving/operating heavy machinery.

An unsigned January 15, 2025 urgent care report noted a diagnosis of lumbar, cervical, and thoracic pain. Appellant's work restrictions were continued.

In a January 15, 2025 note, Mary Dixon, a certified registered nurse practitioner, advised that appellant had been seen in her office that day. She held appellant off work until cleared by orthopedics.

Physical therapy notes covering the period January 27 through February 20, 2025 noted a January 10, 2025 work injury and diagnosed a lower back muscle, fascia, tendon strain and cervicgia.

In a note dated February 4, 2025, Dr. Naveed Nabizadeh, an orthopedic surgeon, advised that appellant was seen for complaints of chronic low back pain. He recommended that she remain off work until March 20, 2025.

In a development letter dated February 28, 2025, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of additional factual and medical evidence needed and provided a questionnaire for her completion. OWCP afforded appellant 60 days to submit the necessary evidence.

OWCP subsequently received progress notes dated February 4 and March 19, 2025 from Dr. Nabizadeh. On physical examination, Dr. Nabizadeh reported tenderness on palpation of the midline and paraspinal muscles and limited and painful neck range of motion. He diagnosed axial cervical and lower back pain without radiculopathy, which he attributed to a work injury occurring three weeks prior.

OWCP continued to receive physical therapy notes covering the period February 24 through March 20, 2025, which noted the conditions of lower back muscle, fascia, tendon strain, and cervicgia.

In an attending physician's report (Form CA-20) dated March 19, 2025, Dr. Nabizadeh diagnosed low back and neck pain. He explained that appellant's pain most likely originated from the sudden traction associated with flexion and distraction. In a note dated March 19, 2025, Dr. Nabizadeh recommended appellant remain off work until April 4, 2025.

In a follow-up letter dated March 27, 2025, 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 February 28, 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.

OWCP subsequently received physical therapy notes covering the period March 26 through April 24, 2025, which were repetitive of prior notes.

In a March 27, 2025 work restriction evaluation form, Dr. Nabizadeh provided work restrictions and released appellant to return to limited-duty work on April 4, 2025. In an April 8, 2025 work restriction form, he advised that appellant could work three to four hours per day with restrictions.

An April 15, 2025 cervical computerized tomography (CT) scan demonstrated no evidence of fracture or subluxation. Straightening of the cervical spine was noted, which may be due to muscle spasm, or which may be positional.

In an emergency department encounter note dated April 15, 2025, Dr. Amy Cortellini, an osteopath, related that appellant was seen for back and extremity pain. Appellant's diagnosis was listed as spasm of cervical paraspinus muscle.

By decision dated May 1, 2025, OWCP accepted that the January 10, 2025 employment incident occurred, as alleged. However, it denied appellant's claim, finding that the medical evidence of record was insufficient to establish a diagnosed medical condition in connection with the accepted January 10, 2025 employment incident. OWCP concluded that appellant had not established that she sustained an injury as defined by FECA.

OWCP subsequently received physical therapy notes covering the period April 28 through May 12, 2025 reiterating prior findings.

In progress notes dated May 14, 2025, Dr. Nabizadeh reviewed May 6, 2025 lumbar, thoracic, and cervical magnetic resonance imaging (MRI) scans. He diagnosed cervical axial pain with left cervical radiculopathy secondary to C6-7 disc desiccation, and lower back pain without radiculopathy.

On May 15, 2025 appellant requested a review of the written record by a representative of OWCP's Branch of Hearings and Review.

In a May 22, 2025 clinical visit note, Anderea Maurice, a certified family nurse practitioner, diagnosed cervicgia, low back pain, cervical stenosis, and mixed hyperlipidemia.

By decision dated June 23, 2025, OWCP's hearing representative modified the May 1, 2025 decision to find that the medical evidence of record was sufficient to establish a medical diagnosis of C6-7 disc desiccation. However, the claim remained denied as the medical evidence of record was insufficient to establish causal relationship between the diagnosed condition and the accepted January 10, 2025 employment incident.

OWCP subsequently received a June 20, 2025 report wherein Dr. Amanpreet Sandhu, a Board-certified anesthesiologist, related appellant's history of injury and complaints of neck and lower back pain. He diagnosed chronic pain, myofascial pain, and cervical, thoracic, and lumbar spondylosis.

Dr. Nabizadeh, in a June 30, 2025 note, diagnosed disc desiccation and annular tear following a crane injury at work.

In a report dated August 28, 2025, Dr. Scott Fried, an osteopathic Board-certified orthopedic surgeon, related appellant's history of injury and physical examination findings. He noted a January 10, 2025 date of injury and diagnosed cervical sprain and strain, left median and radial neuropathy, and left brachial/cervical radiculopathy with long thoracic neuritis, scapular grade 4 vascular winging, secondary to traction injury. Based on appellant's physical examination, Dr. Fried related that appellant had a classic left-side brachial plexus/thoracic outlet injury with clear evidence of traction injury and a vascular component. Regarding the mechanism of injury, he explained that appellant's arms were outstretched at the time of the incident when significant extremities pulling and yanking occurred at the first drop and then the second drop as these extremities were further extended and on significant tension. The severe traction neuropathy and direct hit and compression from the harness allowed severe neck extension/flexion at the same time that arms were fully stretched resulting in perineural tear and early inflammatory process onset. Regarding appellant's cervical injury, Dr. Fried related that appellant had distal involvement on the C5-7 nerve root in the median and radial nerve distribution in the arm and hand. He concluded that appellant's severe scapular winging on the left was consistent with a stretch injury to the suprascapular and long thoracic nerve, consistent with her complaints.

On September 2, 2025 appellant, through counsel, requested reconsideration.

By decision dated September 17, 2025, 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 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

³ *Id.*

limitation of FECA,⁴ 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 employment injury.⁵ 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.⁶

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. There are two components involved in establishing fact of injury. 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.⁷

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.⁸ 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 incident.⁹ 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.¹⁰

ANALYSIS

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

In an August 28, 2025 report, Dr. Fried noted the accepted January 10, 2025 employment incident wherein appellant was harnessed in a crane when it dropped during two separate incidents. He provided appellant's extensive physical examination findings. Dr. Fried diagnosed cervical sprain and strain, left median and radial neuropathy, and left brachial plexopathy/cervical radiculopathy with long thoracic neuritis, scapular grade 4 vascular winging, which he attributed

⁴ See *A.P.*, Docket No. 25-0737 (issued September 25, 2025); *S.F.*, Docket No. 23-0264 (issued July 5, 2023); *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).

⁵ *A.P.*, *id.*; *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).

⁶ *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).

⁷ *T.H.*, Docket No. 19-0599 (issued January 28, 2020); *K.L.*, Docket No. 18-1029 (issued January 9, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

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

⁹ *M.T.*, Docket No. 24-0103 (issued March 28, 2024); *D.C.*, Docket No. 19-1093 (issued June 25, 2020); *see L.B.*, Docket No. 18-0533 (issued August 27, 2018); *see also Victor J. Woodhams*, 41 ECAB 345 (1989).

¹⁰ *L.W.*, Docket No. 24-0947 (issued January 31, 2025); *T.H.*, Docket No. 18-1736 (issued March 13, 2019); *Dennis M. Mascarenas*, 49 ECAB 215 (1997).

to the accepted January 10, 2025 employment incident. He explained that significant extremity pulling and yanking occurred at the first drop and that the second drop caused further extension and significant tension of the extremities. Additionally, the severe traction, direct hit and compression from the harness allowed severe neck extension/flexion at the same time that appellant's arms were fully stretched resulting in perineural tear and early inflammatory process onset. Dr. Fried further explained that appellant's severe scapular winging on the left was consistent with a stretch injury to the suprascapular and long thoracic nerve. He concluded that appellant's diagnoses were causally related to the accepted January 10, 2025 employment incident. Although his opinion is insufficiently rationalized to establish causal relationship, it is sufficient to require that OWCP further develop the medical evidence in the claim.¹¹

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.¹² OWCP has an obligation to see that justice is done.¹³

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 right upper extremity injuries causally related to the accepted January 10, 2025 employment incident. If the second opinion physician disagrees with the opinion of Dr. Fried, he or she must provide a fully-rationalized explanation of why the accepted employment incident was insufficient to have caused or aggravated appellant's medical condition. After this and other such further development of the case record as deemed necessary, OWCP shall issue a *de novo* decision.

CONCLUSION

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

¹¹ *K.M.*, Docket No. 25-0097 (issued December 18, 2024); *J.K.*, Docket No. 20-0816 (issued May 4, 2022); *M.H.*, Docket No. 18-1068 (issued June 2, 2020); *J.H.*, Docket No. 18-1637 (issued January 29, 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).

¹² *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).

¹³ *See K.M.*, *supra* note 11; *C.M.*, *supra* note 11; *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 11.

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated September 17, 2025 is set aside, and the case is remanded for further proceedings consistent with this decision of the Board.

Issued: February 9, 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