

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

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S.E., Appellant )  
and ) Docket No. 26-0036  
DEPARTMENT OF VETERANS AFFAIRS, )  
WEST PALM BEACH VA MEDICAL CENTER, )  
West Palm Beach, FL, Employer )  
Issued: January 29, 2026

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*Appearances:*

*Wayne Johnson, Esq.*, for the appellant<sup>1</sup>  
*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 October 14, 2025 appellant, through counsel, filed a timely appeal from an April 17, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act<sup>2</sup> (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 June 9, 2022 employment incident.

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<sup>1</sup> 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 an 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.

<sup>2</sup> 5 U.S.C. § 8101 *et seq.*

## **FACTUAL HISTORY**

On June 10, 2022 appellant, then a 34-year-old medical supply aid technician, filed a traumatic injury claim (Form CA-1) alleging that on June 9, 2022 she injured her left leg when getting up from a seated position she caught her foot on the bar ring of her stool and when she attempted to walk forward she experienced a sharp pain in the back of her leg while in the performance of duty. She did not stop work.

Employing establishment occupational health form reports dated June 9 and 16, 2022, bearing illegible signatures, indicated that appellant related left leg pain and that work restrictions were recommended.

In a witness statement dated June 13, 2022, G.E., appellant's coworker, indicated that he observed appellant sitting in a high-rise chair at the shift change meeting with her foot on the footrest ring. When she stood up, she grabbed the back of her leg.

In a medical form report dated July 1, 2022 and duty status reports (Form CA-17) dated July 1 and 5, 2022, Dr. Julie Chevillet, an osteopath, Board-certified in orthopedic surgery, diagnosed disturbance of skin sensation and pain in the left leg. She indicated that appellant was totally disabled from all work. In the July 1, 2022 medical form report, Dr. Chevillet checked a box marked "Yes" to indicate that the diagnosed conditions were work related.

OWCP also received statements from the employing establishment controverting appellant's claim and noting that appellant had private sector employment standing on her feet as a beautician, which could be the cause of her diagnosis.

In a development letter dated July 18, 2022, 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 30 days to submit the necessary evidence.

OWCP thereafter received a medical report dated July 1, 2022 by Dr. Chevillet, who noted that appellant related complaints of left leg pain and pinching in the poster thigh that extended to her buttocks, which she attributed to "legs were dangling while sitting at desk then she went to get up and felt an instant pain she could not walk." Dr. Chevillet performed a physical examination and observed edema along the posterolateral aspect of the left knee with associated tenderness and pain that radiated to the left thigh, positive straight leg raise testing, and hypersensitivity along the common peroneal nerve. She diagnosed left leg pain and dysesthesia and noted that "the etiology of [appellant's] pain is unclear at this juncture."

In a follow-up report dated August 5, 2022, Dr. Chevillet documented appellant's complaints and examination findings. She diagnosed acute bilateral low back pain with left-sided sciatica and radiculopathy. Dr. Chevillet recommended a magnetic resonance imaging (MRI) scan of the lumbar spine. In a Form CA-17 of even date, she indicated that appellant was totally disabled from all work.

By decision dated August 29, 2022, OWCP denied appellant's claim, finding that the evidence was insufficient to establish a diagnosed medical condition in connection with the

accepted June 9, 2022 employment incident. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

OWCP thereafter received an August 15, 2022 MRI scan of the lumbar spine, which revealed straightening of the lumbar spine due to muscle spasm, mild disc bulging at L4-5, and mild disc bulging at L5-S1 with bilateral ligamentum flavum hypertrophy causing mild neural foraminal stenosis and mild bilateral radicular compression, right greater than left.

In a follow-up report dated September 9, 2022, Dr. Chevillet noted appellant's complaints and physical examination findings and reviewed the August 15, 2022 MRI scan results. She diagnosed acute bilateral low back pain with left-sided sciatica, radiculopathy, bulge of lumbar disc without myelopathy, and muscle spasm. In a Form CA-17 of even date, Dr. Chevillet released appellant to return to her date-of-injury position.

On September 27, 2022 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

A hearing was held on February 8, 2023, during which appellant testified that on June 9, 2022 she stood up from a stool, her left foot slipped through the ring onto the peg underneath the chair, and all of her weight on her right side went down onto her left leg. She felt a pinch in the back of her left leg and pain in the back of her left knee.

By decision dated March 8, 2023, an OWCP hearing representative affirmed OWCP's August 29, 2022 decision.

On March 8, 2024 appellant, through counsel, requested reconsideration of OWCP's March 8, 2023 decision. In support thereof, counsel submitted medical reports dated October 7, 2022 through January 24, 2023 by Dr. Chevillet, who noted appellant's subjective complaints and physical examination findings and continued to diagnose acute bilateral low back pain with left-sided sciatica, radiculopathy, bulge of lumbar disc without myelopathy, and muscle spasm.

By decision dated April 12, 2024, OWCP denied modification.

OWCP continued to receive evidence.

In medical reports dated May 21 and June 20, 2024, Dr. George Ibraheim, an osteopath specializing in cardiology and pain management, noted that appellant related complaints of low back pain radiating down her left leg, which she attributed to an incident on June 9, 2022 wherein "she attempted to get off of the chair, her foot missed the footrest bars that are attached to the bottom of the chair, and she started to fall off. ... She ended up falling onto her left side and caught herself." He documented physical examination findings, reviewed the August 15, 2022 lumbar MRI scan, and diagnosed acute bilateral low back pain with left-sided sciatica, lumbar radiculopathy, and lumbar intervertebral disc degeneration. Dr. Ibraheim opined that the diagnosed conditions were "the direct result of the patient's required job duties that resulted in the injury that occurred on [June 9, 2022]." He explained that sciatica and radiculopathy can occur "as the result of trauma from accidents such as falls or significant impacts," which "is exactly what has happened to [appellant] as a result of her fall from a chair." Dr. Ibraheim also explained that lumbar disc degeneration can be caused by "cracking due to injury," which is "exactly what happened to her when she fell from a chair and landed on a hard surface."

In an attending physician's report (Form CA-20) dated June 20, 2024, Dr. Ibraheim diagnosed low back pain with sciatica and lumbar radiculopathy and indicated that appellant was partially disabled.

In a work capacity evaluation (Form OWCP-5c) dated August 2, 2024, Dr. Ibraheim noted that appellant was working full-time, regular duty "but should be on restrictions for her back issues."

OWCP also received a physical therapy report.

On April 11, 2025 appellant, through counsel, requested reconsideration of OWCP's April 12, 2024 decision.

By decision dated April 17, 2025, OWCP denied modification.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA<sup>3</sup> 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,<sup>4</sup> 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.<sup>5</sup> 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.<sup>6</sup>

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.<sup>7</sup>

The medical evidence required to establish a causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.<sup>8</sup> The opinion of

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<sup>3</sup> *Id.*

<sup>4</sup> *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).

<sup>5</sup> *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).

<sup>6</sup> *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).

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

<sup>8</sup> *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).

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 the specific employment incident identified by the claimant.<sup>9</sup>

## ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted June 9, 2022 employment incident.

In support of her claim, appellant submitted medical reports dated May 21 and June 20, 2024 by Dr. Ibraheim who diagnosed acute bilateral low back pain with left-sided sciatica, lumbar radiculopathy, and lumbar intervertebral disc degeneration causally related to the June 9, 2022 employment incident. The Board has held that pain is a description of a symptom, not a clear diagnosis of a medical condition.<sup>10</sup> Moreover, Dr. Ibraheim's opinion is based on an inaccurate history that appellant fell from a chair and landed on her left side on a hard surface. Appellant's Form CA-1 and testimony indicated that she stood up from a stool and her left foot slipped through the ring onto the peg underneath the chair and all of her weight on her right side went down her left leg. Medical reports based on an incomplete or inaccurate history are of limited probative value.<sup>11</sup> For these reasons, Dr. Ibraheim's May 21 and June 20, 2024 reports are insufficient to establish appellant's claim.

Dr. Ibraheim, in a Form CA-17 dated June 20, 2024 and a Form OWCP-5c dated August 2, 2024, diagnosed low back pain with sciatica and lumbar radiculopathy. He did not, however, provide an opinion as to the cause of the diagnosed conditions. 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.<sup>12</sup> Therefore, these reports by Dr. Ibraheim are insufficient to meet appellant's burden of proof.

In a July 1, 2022 medical form report, Dr. Chevillet diagnosed disturbance of skin sensation and left leg pain and checked a box marked "Yes" to indicate that the diagnosed conditions were work related. However, she provided no rationale for her opinion on causal relationship. The Board has held that when a physician's opinion on causal relationship consists only of checking "Yes" to a form question, without providing medical rationale, that opinion is of

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<sup>9</sup> *A.S.*, Docket No. 19-1955 (issued April 9, 2020); *Leslie C. Moore*, 52 ECAB 132 (2000).

<sup>10</sup> *D.R.*, Docket No. 18-1408 (issued March 1, 2019); *D.A.*, Docket No. 18-0783 (issued November 8, 2018).

<sup>11</sup> See *B.C.*, Docket No. 24-0036 (issued March 19, 2024); *S.B.*, Docket No. 21-0646 (issued July 22, 2022); *D.H.*, Docket No. 21-0537 (issued October 18, 2021); *T.B.*, Docket No. 17-0304 (issued May 16, 2017); *S.R.*, Docket No. 14-1086 (issued February 26, 2015) (medical conclusions based on an incomplete or inaccurate factual background are of limited probative value).

<sup>12</sup> *D.C.*, Docket No. 19-1093 (issued June 25, 2020); see *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

limited probative value and is insufficient to establish causal relationship.<sup>13</sup> As such, this report is insufficient to establish appellant's traumatic injury claim.

In a medical report dated July 1, 2022, Dr. Chevillet diagnosed left leg pain and dysesthesia and noted that "the etiology of her pain is unclear at this juncture." In CA-17 forms dated July 1 and 5, 2022, she diagnosed disturbance of skin sensation and pain in the left leg and indicated that appellant was totally disabled from all work. In follow-up reports dated August 5, 2022 through January 24, 2023, Dr. Chevillet diagnosed acute bilateral low back pain with left-sided sciatica, radiculopathy, bulge of lumbar disc without myelopathy, and muscle spasm. She did not, however, provide an opinion as to the cause of the conditions. Therefore, these reports by Dr. Chevillet are insufficient to meet appellant's burden of proof.<sup>14</sup>

OWCP also received employing establishment occupational health form reports dated June 9 and 16, 2022 that bear illegible signatures. The Board has held that reports that are unsigned or bear an illegible signature lack proper identification and cannot be considered probative medical evidence as the author cannot be identified as a physician.<sup>15</sup> Therefore, this evidence is also insufficient to establish the claim.

The remaining evidence of record consisted of an August 15, 2022 lumbar MRI scan and a physical therapy report. Diagnostic studies, standing alone, lack probative value on causal relationship as they do not address whether employment factors caused the diagnosed condition.<sup>16</sup> Moreover, the Board has held that certain healthcare providers such as physical therapists are not considered physicians as defined under FECA and, therefore, are not competent to provide a medical opinion.<sup>17</sup> Therefore, this evidence is of no probative value and is insufficient to establish appellant's claim.

As the medical evidence of record is insufficient to establish a medical condition causally related to the accepted June 9, 2022 employment incident, the Board finds that appellant has not met her burden of proof.

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<sup>13</sup> *S.K.*, Docket No. 25-0296 (issued March 5, 2025); *M.G.*, Docket No. 23-1049 (issued November 26, 2024); *G.C.*, Docket No. 24-0672 (issued September 16, 2024); *Lillian M. Jones*, 34 ECAB 379, 381 (1982).

<sup>14</sup> *Id.*

<sup>15</sup> *P.V.*, Docket No. 25-0547 (issued June 23, 2025); *O.R.*, Docket No. 25-0400 (issued May 21, 2025); *V.T.*, Docket No. 22-1036 (issued February 13, 2025); *J.E.*, Docket No. 22-0683 (issued November 10, 2022); *M.A.*, Docket No. 19-1551 (issued April 30, 2020); *Merton J. Sills*, 39 ECAB 572, 575 (1988).

<sup>16</sup> *A.D.*, Docket No. 24-0770 (issued October 22, 2024); *C.S.*, Docket No. 19-1279 (issued December 30, 2019).

<sup>17</sup> Section 8101(2) of FECA provides that 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. § 8101(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 *V.R.*, Docket No. 19-0758 (issued March 16, 2021) (a physical therapist is not considered a physician under FECA); *C.K.*, Docket No. 19-1549 (issued June 30, 2020) (physical therapists are not considered physicians as defined under FECA).

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.

**CONCLUSION**

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted June 9, 2022 employment incident.

**ORDER**

**IT IS HEREBY ORDERED THAT** the April 17, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: January 29, 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