United States Department of Labor
Employees' Compensation Appeals Board

D.F., Appellant	)	
	)	**Docket No. 26-0279**
and	)	**Issued: July 6, 2026**
	)	
U.S. POSTAL SERVICE, CLAYTON POST OFFICE, Clayton, 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 27, 2026 appellant, through counsel, filed a timely appeal from a December 11, 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.

ISSUE

The issue is whether appellant has met his burden of proof to establish a medical condition causally related to the accepted July 5, 2024 employment incident.

[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.*

FACTUAL HISTORY

On August 2, 2024 appellant, then a 52-year-old rural carrier, filed a traumatic injury claim (Form CA-1) alleging that on July 5, 2024 he sustained neck, shoulder, back, and arm injuries when loading a truck with packages and began to experience pain in his neck related to a previous incident while in the performance of duty.[3] He indicated that the pain became unbearable by the end of the day and took off from work the following week. Appellant stopped work on July 8, 2024. On the reverse side of the claim form, appellant's supervisor indicated that appellant never reported an accident or informed management that he hurt himself lifting a package.

In an August 9, 2024 development letter, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence required and provided a questionnaire for his completion. OWCP afforded appellant 60 days to submit the requested evidence.

Appellant subsequently submitted a July 25, 2024 report wherein Dr. William Hebda, Board-certified in family medicine, noted appellant's complaints of chronic neck pain. Dr. Hebda diagnosed neck strain and scheduled appellant for a follow-up evaluation in three months. He reported that appellant was currently not working.

In a follow-up letter dated September 6, 2024, OWCP advised appellant that it conducted an interim review, and the evidence remained insufficient to establish his claim. It noted that he had 60 days from an August 9, 2024 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.

Following the development letter, appellant submitted additional evidence in support of his claim.

In a September 4, 2024 report, Dr. Jaskiran Vidwan, a Board-certified neurologist, reported that appellant was evaluated on that date for ongoing headaches. She discussed the history of injury and reported that in February 2024, appellant was changing a tire at work and injured his neck when he pulled the tire towards him, resulting in pain radiating down to his right shoulder. Dr. Vidwan reported seeking treatment at the emergency department on July 9, 2024 due to severe neck pain. In follow-up evaluations, appellant described neck pain radiating to his arms and fingers and noted that he developed daily headaches around July 2024. Dr. Vidwan reviewed the diagnostic studies and provided examination findings which demonstrated reduced range of motion of the cervical spine and considerable cervical paraspinal and trapezius muscle spasms bilaterally. She discussed treatment options including physical therapy, medication management,

[3] OWCP assigned the present claim OWCP File No. xxxxxx773. The record also reflects that on July 29, 2024 appellant filed a Form CA-1 alleging that on February 12, 2024 he sustained an injury to his neck, shoulders, and arms when his supervisor asked him to change a tire while in the performance of duty. OWCP assigned the claim OWCP File No. xxxxxx791. By decision dated October 3, 2024, it denied appellant's July 29, 2024 claim, finding that the evidence of record was insufficient to establish a medical condition causally related to the accepted February 12, 2024 employment incident. By decision dated October 8, 2025, OWCP denied modification of the October 3, 2024 decision.

and trigger point injections, and reported that a magnetic resonance imaging (MRI) scan of the brain would be ordered for further evaluation.

In a September 10, 2024 report, Dr. Jon J. Wilson, a Board-certified physiatrist, noted that appellant presented for evaluation with a six-month history of neck pain radiating into the shoulders, lateral arms, radial forearms with associated periscapular pain, and headaches extending into the occipital region. He reported that appellant's symptoms began on February 15, 2024 after he was pulling a jack with a tire along the pavement. Dr. Wilson reviewed diagnostic studies including a February 23, 2024 x-ray of the cervical spine which revealed normal alignment of the cervical vertebral bodies with normal vertebral body height and mild loss of the cervical lordosis with disc space narrowing at C6-7. He noted that an April 2, 2024 MRI scan of the cervical spine demonstrated findings of multilevel degenerative changes, most notable at C5-6 and C6-7, with varying degrees of foraminal stenosis but no significant central stenosis, while an April 16, 2024 electrodiagnostic study of the bilateral upper extremities revealed bilateral ulnar neuropathy at the elbows. Dr. Wilson indicated that appellant had associated bilateral shoulder pain with underlying mild impingement on examination and diagnosed chronic neck pain with associated bilateral upper extremity radicular symptoms which were nonspecific. He provided treatment options and placed appellant off work through October 10, 2024. In a work status note of even date, Dr. Wilson continued to keep appellant off work from September 10 through October 10, 2024.

On September 18, 2024 appellant responded to OWCP's development questionnaire and described the circumstances surrounding his traumatic injury claim. He related that immediately after he clocked in for work on February 12, 2024, his supervisor asked him to change a tire. Appellant explained that he retrieved a jack and impact gun out of the maintenance room and placed the tire on the jack. He used his right arm to pull the jack across the pavement to the other side of the parking garage while carrying the impact gun with his left hand. Appellant asserted that dragging the tire on the concrete pulled his arm and injured his right shoulder, causing immense pain the following day which continued to worsen despite treatment. He noted that he was unable to perform his employment duties as a result of pain from his injury.

By decision dated October 10, 2024, OWCP denied appellant's claim, finding that the evidence of record was insufficient to establish a medical condition causally related to the accepted July 5, 2024 employment incident.

Appellant continued to submit additional evidence in support of his claim including a July 12, 2024 MRI scan of the cervical spine and reports and work status notes dated July 11 through August 5, 2024 from Thompson Izabelle, a physician assistant, documenting treatment for his condition.

In reports dated January 8, 2020 through August 19, 2024, Dr. Joseph C. Shanahan, a Board-certified internist, noted that appellant returned for follow-up of spondylarthritis and chronic plaque psoriasis. He discussed appellant's medical history and noted that he complained of chronic cervicalgia for more than six months. Dr. Shanahan diagnosed breakthrough skin psoriasis, left shoulder impingement resolved with home physical therapy, lumbar spondylosis post fusion surgery, generalized osteoarthritis, cervical spondylosis with right upper extremity radicular symptoms, bilateral hand paresthesia, and bilateral ulnar neuropathy focal to the elbows. He further recommended neurodiagnostic testing to evaluate appellant's right upper extremity radiculopathy and bilateral hand carpal tunnel/ulnar neuropathy.

In a July 22, 2024 report, Dr. Varun Goswami, a Board-certified physiatrist, diagnosed cervical radiculopathy and administered a cervical interlaminar epidural steroid injection on the left paramedian at C7-T1 which he reported that appellant tolerated well.

In a January 10, 2025 report, Dr. Christopher Robert Brown, a Board-certified orthopedic surgeon, noted that appellant was a previous patient for whom he performed L5 spinal fusion surgery in 2015 which appellant underwent without any complications. He explained that appellant presented for a new evaluation due to lower neck pain radiating to the right shoulder. Dr. Brown provided a diagnosis of C5-6 disc herniation for which appellant underwent an epidural steroid injection the week before with little relief. He discussed the history of injury and opined that on February 15, 2024 appellant sustained a work-related injury as the onset of pain was related to a sudden movement, a twisting movement, bending forward, and lifting a heavy object. Dr. Brown reviewed imaging studies and documented weakness in wrist extension on examination. He diagnosed foraminal stenosis at C5-6 and cervical radiculopathy and recommended anterior cervical surgery.

In reports dated February 5, 2025, Lindsey Renee Abbott, a nurse practitioner, documented administration of an epidural injection for appellant's C5-6 disc herniation. She also noted that he was scheduled to undergo surgery with Dr. Brown on February 18, 2025 for anterior cervical discectomy and fusion at C5-6.

In a September 10, 2025 report, Dr. Brown reported that appellant was evaluated for complaints of persistent neck back, and shoulder pain with no clinical improvement or significant intervention. He described a long history of rheumatoid arthritis and preexisting degenerative disc disease (DDD), which did not impact appellant's ability to complete his employment duties including lifting, pushing, and handling heavy mail. Dr. Brown opined that, following review of the February and July 2024 employment incidents and diagnostic studies, appellant sustained a work-related aggravation of cervical DDD with associated radiculopathy. He noted that appellant suffered a significant mechanical trauma by pulling a very heavy load with one arm, which displaced discs in his neck causing pain due to disc material pressing on the nerves and muscle spasms surrounding the spine. Dr. Brown indicated that appellant attempted to continue working without further medical intervention until the July 2024 incident when further aggravation occurred from heavy lifting over a short period of time. He opined that, to a reasonable degree of medical certainty, the mechanical pressure of the first employment incident aggravated appellant's preexisting DDD and the mechanical pressure of the second employment incident further aggravated the condition to the extent that he developed ongoing neck pain and cervical radiculopathy. Dr. Brown noted that while he could not say, with 100 percent certainty, that appellant's diagnoses were work related, the work incidents certainly contributed to his current medical problem.

On September 23, 2025 appellant, through counsel, requested reconsideration. In support thereof, counsel asserted that Dr. Brown's September 10, 2025 report established causal relationship.

On September 23, 2025 appellant submitted a statement describing the circumstances surrounding his claim. He acknowledged a history of psoriatic arthritis since 2008, which did not preclude him from performing his work duties. Appellant related that on February 12, 2024, after his supervisor asked him to change a tire, he retrieved a nearly 100-pound car jack and placed the

tire on top of it. He explained that he was carrying a portable air gun in his left hand, while pulling the jack and the tire with his right hand, which caused excessive friction and a pull to his right arm. Appellant reported that he experienced shoulder pain the following day, which progressed over the next two weeks to his back, shoulders, and arms. He continued to work through July 2024. Appellant noted that he injured his neck and back on July 5, 2024 from loading his truck with a large volume of packages. He sought treatment at the emergency room on July 9, 2024 where imaging studies revealed a lesion in the back of his neck, bone spurs, and osteoarthritis, resulting in his physician placing him off work.

On September 30, 2025 OWCP administratively combined OWCP File Nos. xxxxxx791 and xxxxxx773, with the latter serving as the master file.

By decision dated December 11, 2025, OWCP denied modification of the October 10, 2024 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA[4] 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,[5] 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.[6] 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.[7]

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 medical evidence to establish that the employment incident caused an injury.[8]

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.[9] The opinion of the physician must be based on a complete factual and medical background of the employee, must

[4] *Supra* note 1.

[5] *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).

[6] *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).

[7] *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).

[8] *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).

[9] *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).

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.[10]

ANALYSIS

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

In his September 10, 2025 report, Dr. Brown discussed appellant's medical history, reviewed diagnostic reports, and provided findings on physical examination. He opined that the February and July 2024 employment incidents caused a work-related aggravation of appellant's preexisting cervical DDD with associated radiculopathy. Dr. Brown explained that the employment incidents hastened the development and progression of the DDD and that the physiological process from significant mechanical trauma by pulling a heavy load with one arm caused displaced discs in his neck and pain from disc material pressing on the nerves and muscle spasms surrounding the spine. He explained that following the February 2024 employment incident, appellant attempted to continue working without further medical intervention until the July 2024 employment incident further aggravated his conditions. Dr. Brown indicated that this process was significant as the mechanical pressure of the first event aggravated his DDD and the mechanical pressure of the second event then further aggravated it. He opined that, to a reasonable degree of medical certainty, the two employment incidents aggravated and accelerated appellant's preexisting DDD such that he now had ongoing neck pain and cervical radiculopathy. Dr. Brown noted that while he could not determine that these diagnoses were wholly work related, the employment incidents certainly contributed to appellant's current medical problems.

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.[11] OWCP has an obligation to see that justice is done.[12] While Dr. Brown's opinion is not fully rationalized, it is sufficient to require further development of the medical evidence.[13]

The case must therefore be remanded for further development. On remand, OWCP shall refer appellant to a specialist in the appropriate field of medicine, along with the case record, and a statement of accepted facts, for an examination and a rationalized medical opinion as to whether the accepted July 5, 2024 employment incident either caused or aggravated a medical condition.[14] If the second opinion physician disagrees with the opinion of Dr. Brown, he or she must provide

[10] *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).

[11] *See id.*; *see also A.P.*, Docket No. 17-0813 (issued January 3, 2018); *Jimmy Hammons*, 51 ECAB 219, 223 (1999).

[12] *See 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).

[13] *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).

[14] *See L.L.*, Docket No. 26-0085 (issued March 17, 2026); *C.C.*, Docket No. 19-1631 (issued February 12, 2020).

a fully-rationalized explanation as to why the accepted July 5, 2024 employment incident was insufficient to have caused or aggravated appellant's medical condition. Following this and such other 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.

ORDER

IT IS HEREBY ORDERED THAT the December 11, 2025 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: July 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