United States Department of Labor
Employees' Compensation Appeals Board

D.S., Appellant	)	
and	)	**Docket No. 26-0287**
	)	**Issued: July 10, 2026**
U.S. POSTAL SERVICE, NORTH HOUSTON POST OFFICE, Houston, TX, Employer	)	

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

Case Submitted on the Record

DECISION AND ORDER

Before:
PATRICIA H. FITZGERALD, Deputy Chief Judge
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On January 29, 2026 appellant filed a timely appeal from a November 10, 2025 merit decision 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.[2]

ISSUE

The issue is whether appellant has met her burden of proof to expand the acceptance of her claim to include lumbar radiculopathy as causally related to, or consequential to, the accepted employment injury.

[1] 5 U.S.C. § 8101 *et seq*.

[2] The Board notes that, following the November 10, 2025 decision, appellant submitted additional evidence to OWCP and the Board. However, the Board's *Rules of Procedure* provides: "The Board's review of a case is limited to the evidence in the case record that was before OWCP at the time of its final decision. Evidence not before OWCP will not be considered by the Board for the first time on appeal." 20 C.F.R. § 501.2(c)(1). Thus, the Board is precluded from reviewing this additional evidence for the first time on appeal. *Id*.

FACTUAL HISTORY

On August 16, 2023 appellant, then a 36-year-old rural carrier associate, filed a traumatic injury claim (Form CA-1) alleging that on August 15, 2023 she injured her left knee, back, neck, and left side when a vehicle struck the vehicle she was operating while in the performance of duty. She stopped work on that date. OWCP initially accepted appellant's claim for neck strain, lumbar spine sprain, left knee sprain, contusion of the left knee, sprain of the left ankle, and strain of the lower back in accordance with August 29 and 30, 2023 reports from Dr. Raju Mantena, an osteopath Board-certified in pain management. It paid her wage-loss compensation on the supplemental rolls commencing October 7, 2023, and on the periodic rolls commencing April 21, 2024. Appellant returned to work on September 24, 2025.

Commencing on November 10, 2023, Dr. Mantena diagnosed the additional conditions of cervicalgia, inflammatory spondylopathy of the lumbar region, and tear of the left knee medial meniscus. In reports dated November 10, 2023 through August 7, 2024, he opined that appellant's additional conditions were directly related to the accepted August 15, 2023 employment injury. Dr. Mantena recommended additional medical treatment, including lumbar facet joint injections and provided work restrictions. Appellant underwent OWCP-approved lumbar facet joint injections on December 5, 2023 and December 18, 2024.

On May 16, 2024 OWCP expanded the acceptance of appellant's claim to include tears of the lateral and medial menisci of the left knee.

In reports dated January 24 through April 9, 2025, Dr. Mantena related appellant's history of injury on August 15, 2023 and described her symptoms, including ongoing pain in the lumbar spine radiating to the upper buttock and sacral area with no further radiation of pain to her legs. He recommended additional lumbar facet injections and physical therapy. Dr. Mantena also completed duty status reports (Form CA-17) dated January 24 and March 12, 2025, wherein he provided work restrictions.

On April 3, 2025 OWCP referred appellant, along with the case record and a statement of accepted facts (SOAF), to Dr. Charles W. Kennedy, Jr., a Board-certified orthopedic surgeon, for a second opinion evaluation regarding the nature and extent of appellant's condition and disability.

An April 3, 2025 cervical spine magnetic resonance imaging (MRI) scan demonstrated motion artifact with no disc herniation, spinal canal, or foraminal stenosis or definitive abnormality of the cervical spinal cord. A lumbar spine MRI scan of even date demonstrated spondylosis at the lower levels with a small right lateral disc protrusion at L5-S1 which may slightly contact the right S1 nerve root.

In March 6 and April 14, 2025 reports, Dr. Rubin S. Bashir, a Board-certified orthopedic surgeon, examined appellant due to cervical and lumbar pain. He described the August 15, 2023 employment injury and related that she had significant neck and lower back pain following this injury. Dr. Bashir reviewed diagnostic studies, performed a physical examination, and diagnosed cervicalgia, cervical radiculopathy, low back pain, lumbar radiculopathy, and prolapsed lumbar intervertebral disc.

On May 7 and June 4, 2025 Dr. Mantena repeated his previous history, findings, and diagnoses. He also completed CA-17 forms wherein he provided work restrictions.

In a May 19, 2025 report, Dr. Kennedy reviewed the SOAF and medical history. He performed a physical examination and opined that appellant continued to experience residuals of the August 15, 2023 employment injury, including limited range of motion of the cervical spine, mild tenderness of the lumbosacral spine, and tenderness of the medial joint line of the left knee, and mechanical symptoms of locking, catching, and buckling. Dr. Kennedy diagnosed contusion of the left knee, sprain of the lumbar spine, sprain of the left knee and cervical and lumbar spine strains. He found that she could not perform the full duties of her date-of-injury position, but that she could perform light-duty work four hours a day. Dr. Kennedy recommended left knee arthroscopic surgery and medial branch block for the cervical and lumbosacral areas of the spine.

On June 10, 2025 appellant underwent a right lumbar L4-5 and L5-S1 facet medial branch nerve block for treatment of her lumbar spondylosis.

On June 23, 2025 Dr. Bashir examined appellant and recommended radiofrequency ablation, noting that appellant had significant neck and lower back pain following her August 15, 2023 employment injury. He diagnosed cervicalgia, cervical radiculopathy, low back pain, lumbar radiculopathy, and prolapsed lumbar intervertebral disc.

On July 9, and August 6, 2025 Dr. Mantena reviewed diagnostic studies and repeated his previous diagnoses of left knee pain, low back pain, left ankle sprain, lower back strain, tear of the left lateral meniscus, neck strain, lumbar sprain, left knee sprain, and left knee contusion. He recommended a chronic pain management program, bracing for her low back pain, and radiofrequency lesioning. Dr. Mantena completed a Form CA-17 of even date, again providing work restrictions.

In a September 3, 2025 report, Dr. Mantena opined that appellant's diagnoses should be upgraded to include the additional diagnosis of lumbar radiculopathy. He related that she was reporting pain predominately in the lumbar spine without a radiation component of the pain. Dr. Mantena noted that appellant denied numbness or tingling to lower extremities and any change in bladder or bowel function. He explained that she had completed 160 hours of a chronic pain management program and that her diagnosis needed to be upgraded for the lumbar radiofrequency lesioning. Dr. Mantena noted that appellant had positive lumbar medial branch blocks and underwent a lumbar facet medial branch block on June 10, 2025. He completed a Form CA-17 of even date wherein he provided work restrictions.

In a September 9, 2025 note, Dr. Mantena requested that appellant's claim be expanded to include the additional diagnosis of lumbar radiculopathy.

On September 15, 2025 appellant sought treatment from Erin E. Roberts, a physician assistant.

In a September 19, 2025 report, Dr. Bashir listed appellant's diagnoses of prolapsed lumbar intervertebral disc, neck pain, cervical radiculopathy, low back pain, and lumbar radiculopathy. On physical examination he found that her neurological and motor systems were

normal. Dr. Bashir related that appellant had experienced significant neck and lower back pain following her August 15, 2023 employment injury.

On October 6, 2025 OWCP requested a supplemental report from Dr. Kennedy addressing whether the acceptance of appellant's claim should be expanded to include the additional diagnosis of lumbar radiculopathy.

In October 8 and November 5, 2025 treatment notes, Dr. Mantena described the August 15, 2023 employment injury and related appellant's ongoing low back pain without numbness or tingling. He again requested that her diagnosed conditions be expanded to include lumbar radiculopathy.

On October 24, 2025 Dr. Kennedy related that, at the time of his examination of appellant on May 19, 2025, she did not exhibit lumbar radiculopathy. He found that her reflexes were equal and that she had no calf atrophy, no weakness, and negative straight lower extremity raise. Dr. Kennedy opined that the accepted diagnoses should not be expanded to include lumbar radiculopathy.

By decision dated November 10, 2025, OWCP denied appellant's expansion claim, finding that the medical evidence of record was insufficient to establish lumbar radiculopathy as causally related to, or consequential to, the accepted employment injury.

LEGAL PRECEDENT

When an employee claims that a condition not accepted or approved by OWCP was due to an employment injury, he or she bears the burden of proof to establish that the condition is causally related to the employment injury.[3]

The claimant bears the burden of proof to establish a claim for a consequential injury.[4] As part of this burden, he or she must present rationalized medical opinion evidence, based on a complete factual and medical background, establishing causal relationship. The opinion must be one of reasonable medical certainty and must be supported by medical rationale explaining the nature of the relationship of the diagnosed condition and the specific employment factors or employment injury.[5]

Causal relationship is a medical issue and the medical evidence required to establish causal relationship is rationalized medical evidence.[6] Neither the mere fact that a disease or condition manifests itself during a period of employment, nor the belief that the disease or

[3] *J.S.,* Docket No. 26-0155 (issued May 20, 2026); *J.R.*, Docket No. 20-0292 (issued June 26, 2020); *W.L.*, Docket No. 17-1965 (issued September 12, 2018); *V.B.*, Docket No. 12-0599 (issued October 2, 2012); *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004).

[4] *V.K.*, Docket No. 19-0422 (issued June 10, 2020); *A.H.*, Docket No. 18-1632 (issued June 1, 2020); *I.S.*, Docket No. 19-1461 (issued April 30, 2020).

[5] *K.W.*, Docket No. 18-0991 (issued December 11, 2018).

[6] *G.R.*, Docket No. 18-0735 (issued November 15, 2018).

condition was caused or aggravated by employment factors or incidents, is sufficient to establish causal relationship.[7]

When an injury arises in the course of employment, every natural consequence that flows from that injury likewise arises out of the employment, unless it is the result of an independent intervening cause attributable to the claimant's own intentional misconduct.[8] The basic rule is that a subsequent injury, whether an aggravation of the original injury or a new and distinct injury, is compensable if it is the direct and natural result of a compensable primary injury.[9]

ANALYSIS

The Board finds that appellant has not met her burden of proof to expand the acceptance of her claim to include lumbar radiculopathy as causally related to, or consequential to, the accepted employment injury.

In his May 19, 2025 report, Dr. Kennedy reviewed the SOAF and medical history and performed a physical examination. He opined that appellant continued to experience residuals of the August 15, 2023 employment injury, including mild tenderness of the lumbosacral spine for which he recommended additional treatment. On October 6, 2025 OWCP requested a supplemental report from Dr. Kennedy addressing whether the acceptance of appellant's claim should be expanded to include the additional diagnosis of lumbar radiculopathy. In an October 24, 2025 supplemental report, Dr. Kennedy explained that at the time of his examination on May 19, 2025 she did not exhibit lumbar radiculopathy. He related that on physical examination reflexes were equal and that she had no calf atrophy, no weakness, and negative straight lower extremity raise. Dr. Kennedy opined that the accepted diagnoses should not be expanded to include lumbar radiculopathy. The Board finds that the weight of the medical opinion evidence with respect to OWCP's denial of appellant's request to expand the acceptance of her claim to include lumbar radiculopathy is represented by the well-rationalized opinion of Dr. Kennedy, OWCP's referral physician. His May 19, 2025 report establishes that appellant did not develop lumbar radiculopathy as causally related to, or consequential to, the accepted employment injuries. The Board has reviewed the opinion of Dr. Kennedy and finds that it has reliability, probative value, and convincing quality with respect to its conclusions regarding the relevant issue of additional work-related conditions.[10]

In reports dated November 10, 2023 through August 13, 2025, Dr. Mantena opined that appellant's lumbar radiculopathy was directly related to the accepted August 15, 2023 employment injury. The Board notes, however, that none of these reports by Dr. Mantena contained rationale explaining that appellant sustained lumbar radiculopathy as causally related

[7] *Id.*

[8] *I.S.*, Docket No. 19-1461 (issued April 30, 2020); *A.M.*, Docket No. 18-0685 (issued October 26, 2018); *Mary Poller*, 55 ECAB 483, 487 (2004).

[9] *J.M.*, Docket No. 19-1926 (issued March 19, 2021); *Susanne W. Underwood (Randall L. Underwood)*, 53 ECAB 139, 141 n. 7 (2001).

[10] *P.G.*, Docket No. 24-0437 (issued June 26, 2024); *S.V.*, Docket No. 23-0474 (issued August 1, 2023).

to, or consequential to, the accepted employment injury. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how a given medical condition has an employment-related cause.[11]

In reports dated September 3 through November 5, 2025, Dr. Mantena opined that the acceptance of appellant's claim should be expanded to include lumbar radiculopathy based on the April 3, 2025 MRI scan. However, he did not provide rationale for his conclusory opinion. In reports dated March 6 through June 23, 2025, Dr. Bashir related that appellant had significant neck and lower back pain following her August 15, 2023 employment injury and diagnosed cervicalgia, cervical radiculopathy, low back pain, lumbar radiculopathy, and prolapsed lumbar intervertebral disc. However, he did not provide a rationalized opinion on causal relationship. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how a given medical condition has an employment-related cause.[12] Therefore, this evidence is insufficient to establish appellant's expansion claim.

Appellant also submitted treatment reports by Ms. Roberts, a physician assistant. However, certain healthcare providers such as physician assistants, nurses, and physical and occupational therapists are not considered physicians as defined under FECA.[13] Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits.[14] Therefore, this evidence is insufficient to establish appellant's expansion claim.

Appellant also submitted diagnostic studies. However, the Board has held that diagnostic studies, standing alone, lack probative value on causal relationship as they do not address whether employment factors caused the diagnosed condition.[15]

The Board, therefore, finds that this evidence is insufficient to overcome the weight of the medical evidence or create a conflict with Dr. Kennedy's second opinion report.[16] As the medical evidence of record is insufficient to establish expansion of the acceptance of the claim to include lumbar radiculopathy causally related to the accepted employment injury, the Board finds that appellant has not met her burden of proof.

[11] *See T.T.*, Docket No. 18-1054 (issued April 8, 2020); *Y.D.*, Docket No. 16-1896 (issued February 10, 2017).

[12] *Id.*

[13] Section 8101(2) 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 and occupational therapists are not competent to render a medical opinion under FECA); *see also F.A.,* Docket No. 24-0014 (issued January 30, 2026) (physician assistants are not considered physicians as defined by FECA).

[14] *See id.*

[15] *C.S.*, Docket No. 19-1279 (issued December 30, 2019).

[16] *See S.J.*, Docket No. 26-0285 (issued May 8, 2026).

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 expand the acceptance of her claim to include lumbar radiculopathy as causally related to, or consequential to, the accepted employment injury.

ORDER

IT IS HEREBY ORDERED THAT the November 10, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 10, 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