United States Department of Labor
Employees' Compensation Appeals Board

M.W., Appellant	)	
and	)	**Docket No. 26-0413**
	)	**Issued: July 10, 2026**
DEPARTMENT OF VETERANS AFFAIRS, IOANNIS A. LOUGARIS VETERANS' ADMINISTRATION MEDICAL CENTER, Reno, NV, Employer	)	

Appearances:
Appellant, pro se
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 March 31, 2026 appellant filed a timely appeal from a March 20, 2026 merit decision of the Office of Workers' Compensation Programs (OWCP).[1] Pursuant to the Federal Employees'

[1] Appellant submitted a timely request for oral argument before the Board. 20 C.F.R. § 501.5(b). Pursuant to the Board's *Rules of Procedure*, oral argument may be held in the discretion of the Board. 20 C.F.R. § 501.5(a). In support of the oral argument request, appellant requested that oral argument be granted so that he could further explain his contentions concerning the evaluation of the medical evidence. The Board, in exercising its discretion, denies appellant's request for oral argument because this matter requires an evaluation of the evidence of record. As such, the issues on appeal can be adequately addressed in a decision based on a review of the case record and legal arguments. Oral argument in this appeal would not serve a useful purpose. Therefore, the oral argument request is denied, and this decision is based on the case record as submitted to the Board.

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.[3]

ISSUE

The issue is whether appellant has met his burden of proof to establish a medical condition causally related to the accepted December 30, 2025 employment incident.

FACTUAL HISTORY

On January 2, 2026 appellant, then a 56-year-old respiratory therapist, filed a traumatic injury claim (Form CA-1) alleging that on December 30, 2025 he sustained an emotional/stress-related condition and anxiety when he went to retrieve his wallet from his car and found a racial slur and symbol written on the hood of his car while in the performance of duty. He stopped work on January 5, 2026 and returned to full-duty regular work without restrictions on January 20, 2026. Appellant stopped work again on February 2, 2026.

In a January 7, 2026 development letter, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence needed to establish his claim and provided a questionnaire for his completion. OWCP afforded appellant 60 days to submit the necessary evidence. In a separate development letter of even date, it requested that the employing establishment provide additional information regarding appellant's traumatic injury claim, including comments from a knowledgeable supervisor. OWCP afforded the employing establishment 30 days to respond.

OWCP subsequently received a January 5, 2026 report wherein Dr. Janani Sankara, Board-certified in family medicine, noted that appellant had been experiencing small acts of vandalism which he initially assumed were careless acts until the week prior when there were clear derogatory racial slurs and swastikas written on his car. He explained that appellant was in a supervisory position in his department and had challenges with staff recognizing his authority. Dr. Sankara noted that appellant's mental and physical health issues included anxiety, depression, insomnia, and headaches which had been exacerbated in recent months and further asserted that the events of last week led to a significant worsening of these issues. Among other medical conditions, he diagnosed major depressive disorder and expressed concern for appellant's safety given the incident was a federal crime and appellant informed him that he had reported that incident to the police. Dr. Sankara opined that the recent events in the context of longer-term challenges impacted appellant's mental health and led to the exacerbation of certain health conditions including acute stress, insomnia, headaches, migraines, and abdominal pain. He recommended appellant resume his prior migraine treatment and take temporary time off work.

[2] 5 U.S.C. § 8101 *et seq.*

[3] The Board notes that, following the March 20, 2026 decision, appellant submitted additional evidence to OWCP. 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.*

In a letter also dated January 5, 2026, Dr. Sankara reported that he was placing appellant off work from January 2 through 11, 2026, with an anticipated return to work date of January 12, 2026, as a result of a medical condition which limited his ability to work.

In a subsequent February 5, 2026 work status note, Dr. Sankara placed appellant off work from February 2 through 6, 2026, pending the results of his follow-up evaluation, explaining that he continued to suffer health consequences from recent workplace exposures.

Appellant also submitted a January 12, 2026 medication screening note from Tiffany Le Nguyen, a clinical pharmacist; treatment notes dated January 8 through February 6, 2026 from Melody Powers, a mental health therapist; and photographs in support of his claim.

In psychotherapy notes dated January 8 through February 6, 2026, Ms. Powers documented treatment for adjustment disorder with mixed anxiety and depressed mood based on appellant's responses regarding an identifiable stressor of a hostile work environment. She noted that his symptoms had persisted for at least six months, and he was currently not working to eliminate the stressful environment and alleviate his symptoms.

In a follow-up letter dated February 9, 2026, 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 the January 7, 2026 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.

On February 12, 2026, the employing establishment responded to OWCP's development questionnaire *via* an e-mail dated January 28, 2026 and stated that it owned, controlled, and managed the parking facilities, but maintained that it did not concur with appellant's allegations as review of employing establishment police security camera footage from the investigation showed that his car was not approached while it was parked in its parking lot.

Appellant continued to submit additional evidence in support of his claim including a medication list and a February 17, 2026 email from an employing establishment senior criminal investigator informing him that he reviewed his claim regarding vandalism to his vehicle from January 2026, but that they were unable to determine if any person did this on the employing establishment property and therefore, the case would be closed pending the discovery of new evidence.

On February 20, 2026, appellant responded to OWCP's development questionnaire and explained that the incident occurred in the parking lot owned by the employing establishment during his authorized 15-minute break when he went to his car and saw that someone had drawn a hateful symbol and written racial slurs on the hood of his car, causing him severe emotional distress and psychological harm. He related that he called the employing establishment police and reported the vandalism incident.

In reports dated February 6 through March 9, 2026, Ms. Powers discussed the effects of appellant's work environment on his mood and function and noted that he returned to work on February 23, 2026 but was having difficulty due to increased worry and decreased sleep. She noted that he continued to work an abbreviated schedule at a new position but was considering

early retirement. Ms. Powers diagnosed adjustment disorder with mixed anxiety and depressed mood based on his responses to an identifiable stressor of a hostile work environment. In a March 9, 2026 report, she noted that appellant completed his assessment questionnaire and described symptoms consistent with a major depressive episode.

In a February 13, 2026 work status letter, Dr. Sankara placed appellant off work from February 13 through 25, 2026 due to the health consequences of recent experiences and exposures from his work environment.

In a February 25, 2026 narrative report, Dr. Adam Quest, a Board-certified psychiatrist, reported that appellant received mental health treatment at the employing establishment health care system and was diagnosed with adjustment disorder with mixed anxiety and depressed mood. He noted that appellant engaged in therapy and medication management on December 12, 2025 and requested medical leave beginning January 5, 2026 due to an incident at work on December 30, 2025. Dr. Quest held appellant off work until February 25, 2026, as requested.

In a March 2, 2026 report, Dr. Soraya Foutouhi, a Board-certified dermatologist, evaluated appellant for a recent flare of eczema, which started approximately two months ago and flared with stress. He diagnosed chronic atopic dermatitis, post-inflammatory hyperpigmentation, and lichenification. On March 3, 2026, Anoli V. Patel, a clinical pharmacist, provided a medication consultation and drug review per Dr. Foutouhi's request.

By decision dated March 20, 2026, OWCP denied appellant's claim, finding that the evidence of record was insufficient to establish causal relationship between a diagnosed medical condition and the accepted December 30, 2025 employment incident.

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,

[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).

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 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 appellant has not met his burden of proof to establish a medical condition causally related to the accepted December 30, 2025 employment incident.

In reports and work status notes dated January 5 through February 13, 2026, Dr. Sankara noted that appellant had experienced escalating acts of vandalism, including clear derogatory racial slurs and swastikas written on his car. He diagnosed major depressive disorder and opined that the recent events, in the context of longer-term challenges, impacted appellant's mental health and led to the exacerbation of certain health conditions including acute stress, insomnia, headaches, migraines, and abdominal pain. However, Dr. Sankara did not provide medical rationale explaining how the accepted December 30, 2025 employment incident caused or contributed to the diagnosed emotional conditions. A mere conclusion without the necessary rationale explaining how the employment incident could result in the diagnosed conditions is insufficient to meet the employee's burden of proof.[11] 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/disability was related to the employment incident. Without explaining how, physiologically, the specific effects of how the December 30, 2025 employment incident caused, contributed to, or aggravated the diagnosed conditions, the opinion in these reports is of limited probative value and insufficient to establish appellant's claim.

OWCP received a February 25, 2026 narrative report by Dr. Quest, who indicated that appellant received mental health treatment and was diagnosed with adjustment disorder with mixed anxiety and depressed mood. He placed appellant off work January 5 through February 25, 2026, due to an incident at work on December 30, 2025. However, Dr. Quest did not offer an opinion regarding the cause of appellant's diagnosed conditions. The Board has held that medical

[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).

[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 P.B.*, Docket No. 17-1912 (issued December28, 2018); *D.P.*, Docket No. 17-0148 (issued May 18, 2017).

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.[12] This evidence is, therefore, insufficient to establish appellant's claim.

In a March 2, 2026 report, Dr. Foutouhi diagnosed chronic atopic dermatitis, post-inflammatory hyperpigmentation, and lichenification. However, she failed to offer an opinion on causal relationship. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition or disability is of no probative value on the issue of causal relationship.[13] Thus, the Board finds that Dr. Foutouhi's report is insufficient to meet appellant's burden of proof.

The remaining evidence includes reports provided by mental health therapists and pharmacists. The Board has held, however, that medical reports signed solely by these providers are of no probative value as such healthcare providers are not considered physicians as defined under FECA and are, therefore, not competent to provide medical opinions.[14] Consequently, their medical findings and/or opinions will not suffice for the purpose of establishing entitlement to FECA benefits.[15] As such, this evidence is of no probative value and insufficient to establish appellant's claim.

As the medical evidence of record is insufficient to establish a medical condition causally related to the accepted December 30, 2025 employment incident, the Board finds that appellant has not met his burden of proof.

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.

[12] *See C.M.*, Docket No. 24-0074 (issued July 12, 2024); *K.J.*, Docket No. 22-0611 (issued January 5, 2024); *A.E.*, Docket No. 18-1587 (issued March 13, 2019); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

[13] *Id. See S.H.*, Docket No. 19-1128 (issued December 2, 2019.

[14] Section 8102(2) of FECA provides as follows: 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. § 8102(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 J.P.,* Docket No. 20-0381 (issued July 28, 2020) (pharmacists are not considered physicians as defined under FECA); *W.C.,* Docket No. 08-2435 (issued July 15, 2009) (mental health therapists are not considered physicians as defined by FECA).

[15] *D.P.*, Docket No. 25-0497 (issued May 15, 2025).

CONCLUSION

The Board finds that appellant has not met his burden of proof to establish a medical condition causally related to the accepted December 30, 2025 employment incident.[16]

ORDER

IT IS HEREBY ORDERED THAT the March 20, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 10, 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

[16] The Board notes that appellant may consider filing an occupational disease claim (Form CA-2).