United States Department of Labor
Employees' Compensation Appeals Board

T.F., Appellant	)	
and	)	**Docket No. 26-0439**
	)	**Issued: July 27, 2026**
DEPARTMENT OF THE AIR FORCE, AIR FORCE INTELLIGENCE, SURVEILLANCE and RECONNAISSANCE AGENCY, San Antonio, TX, 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
PATRICIA H. FITZGERALD, Deputy Chief Judge
JANICE B. ASKIN, Judge

JURISDICTION

On April 13, 2026 appellant filed a timely appeal from an April 6, 2026 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.

ISSUE

The issue is whether appellant has met his burden of proof to establish a peripheral neuropathy condition causally related to the accepted factors of his federal employment.

[1] 5 U.S.C. § 8101 *et seq*.

FACTUAL HISTORY

On January 19, 2026 appellant, then a 64-year-old supervisory logistics management specialist, filed an occupational disease claim (Form CA-2) alleging that he sustained peripheral neuropathy as a result of factors of his federal employment while previously working as an aircraft engine mechanic, including continuous exposure to jet engine fumes, engine oil, hydraulic fluid, and jet engine fuel. He noted that he first became aware of his condition on August 1, 2016 and realized its relation to his federal employment on December 1, 2025.[2]

In narrative statements dated January 19 and 23, 2026, appellant reiterated that his employment exposures caused his idiopathic peripheral neuropathy as all other possible causes had been eliminated. OWCP also received a position description and Standard Form 50 (SF-50) forms.

In a January 8, 2026 report, Dr. David Rider, a Board-certified family practitioner, opined that appellant's peripheral neuropathy condition with progressive distal sensorimotor deficits, which affected both his upper and lower extremities, was "at least as likely as not (greater than 50 percent probability)" causally related to appellant's occupational exposures during his civil service as a jet engine mechanic. Dr. Rider provided objective findings of appellant's idiopathic peripheral neuropathy condition and advised that he had systematically ruled out common etiologies, including diabetes mellitus, vitamin B12 deficiency, alcohol use disorder, thyroid dysfunction, and other metabolic causes. He stated no alternative etiology had been identified; medical literature supported such associations between jet fuel, organophosphate, and solvent exposures and peripheral neuropathy in aviation maintenance workers; there was a temporal relationship with appellant's service and symptom development; and there were specific neurotoxic exposures inherent to appellant's duties.

In a January 28, 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 respond. In a separate development letter of even date, it requested that the employing establishment provide additional information regarding appellant's claim, including comments from a knowledgeable supervisor regarding appellant's allegations. OWCP afforded the employing establishment 30 days to respond.

OWCP received appellant's February 5, 2026 response to OWCP's development questionnaire.

In a January 8, 2026 progress report, Dr. Rider noted a history of appellant's work as a jet fuel mechanic and that, over the last 5 to 10 years, appellant developed a peripheral neuropathy, worse in his feet. He indicated that appellant was positive for Type 1 diabetes, bilateral carpal tunnel syndrome, and deficiency of other specified B group vitamins. Dr. Rider provided examination findings. He diagnosed polyneuropathy, unspecified, which he opined was "more likely than not" caused by appellant's employment as a jet fuel mechanic.

[2] Appellant retired from the employing establishment January 25, 2025.

In a follow-up February 26, 2026 letter, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish his claim. It advised that he had 60 days from the January 28, 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.

November 17 and December 2, 2025 electromyography (EMG) and nerve conduction velocity (NCV) studies of the bilateral upper extremities related impressions of electrophysiological evidence of generalized peripheral polyneuropathy of the bilateral upper extremities.

By decision dated April 6, 2026, OWCP denied appellant's occupational disease claim, finding that the medical evidence did not establish peripheral neuropathy causally related to the accepted factors of appellant's federal employment.

LEGAL PRECEDENT

An employee seeking benefits under FECA[3] has the burden of proof to establish the essential elements of his or her claim, including the fact that the individual is an employee of the United States within the meaning of FECA, that the claim was filed with the applicable time limitation, that an injury was sustained while in the performance of duty, as alleged, and that any disability or specific condition for which compensation is claimed is causally related to the employment injury.[4] These are the essential elements of every compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.[5]

In an occupational disease claim, appellant's burden of proof requires submission of the following: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.[6]

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.[7] A physician's opinion on whether there is causal relationship between the diagnosed condition and the implicated employment factor(s) must be based on a

[3] *Id.*

[4] *E.S.,* Docket No. 18-1580 (issued January 23, 2020); *M.E.,* Docket No. 18-1135 (issued January 4, 2019); *C.S.,* Docket No. 08-1585 (issued March 3, 2009); *Bonnie A. Contreras,* 57 ECAB 364 (2006).

[5] *E.S., id.*; *S.P.,* 59 ECAB 184 (2007); *Joe D. Cameron,* 41 ECAB 153 (1989); *Elaine Pendleton,* 40 ECAB 1143 (1989).

[6] *A.C.*, Docket No. 25-0783 (issued September 15, 2025); *S.C.,* Docket No. 18-1242 (issued March 13, 2019).

[7] *W.M.,* Docket No. 14-1853 (issued May 13, 2020); *T.H.,* 59 ECAB 388, 393 (2008); *Robert G. Morris,* 48 ECAB 238 (1996).

complete factual and medical background.[8] Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factor(s).[9]

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish peripheral neuropathy causally related to the accepted factors of his federal employment.

Appellant submitted January 8, 2026 reports from Dr. Rider. Dr. Rider noted appellant's employment as a jet fuel mechanic and that over the last 5-10 years, he had developed a peripheral neuropathy. He opined that the unspecified polyneuropathy was "more likely than not" caused by appellant's employment as a jet fuel mechanic. Dr. Rider advised that he had systematically ruled out common etiologies, including diabetes mellitus, vitamin B12 deficiency, alcohol use disorder, thyroid dysfunction, and other metabolic causes as the cause of appellant's condition. He related that medical literature supported a finding that peripheral neuropathy was found in aviation maintenance workers; there was a temporal relationship with appellant's service and symptom development; and there were specific neurotoxic exposures inherent to appellant's duties. Dr. Rider opined that appellant's peripheral neuropathy condition was "at least as likely as not (greater than 50 percent probability)" causally related to appellant's occupational exposures during his civil service as a jet engine mechanic. However, the Board has long held that medical opinions that are speculative or equivocal in nature are of diminished probative value.[10] Thus, Dr. Rider's reports are insufficient to establish appellant's claim.

Appellant also submitted EMG and NCV studies dated November 17 and December 2, 2025. However, diagnostic studies, standing alone, lack probative value on the issue of causal relationship as they do not address whether the accepted employment factors caused or contributed to the diagnosed condition.[11]

As the medical evidence of record is insufficient to establish causal relationship between the diagnosed peripheral neuropathy condition and the accepted factors of federal employment, the Board finds that appellant has not met his burden of proof.

[8] *M.V.,* Docket No. 18-0884 (issued December 28, 2018).

[9] *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).

[10] *See D.D.*, Docket No. 25-0751 (issued August 27, 2025); *F.S.*, Docket No. 22-0070 (issued June 14, 2023); *M.L.*, Docket No. 18-0153 (issued January 22, 2020); *N.B.*, Docket No. 19-0221 (issued July 15, 2019); *Z.B.*, Docket No. 17-1336 (issued January 10, 2019); *T.M.*, Docket No. 08-0975 (issued February 6, 2009).

[11] *S.P.,* Docket No. 26-0378 (issued June 22, 2026); *C.S.,* Docket No. 19-1279 (issued December 30, 2019).

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 his burden of proof to establish a peripheral neuropathy condition causally related to the accepted factors of his federal employment.

ORDER

IT IS HEREBY ORDERED THAT the April 6, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 27, 2026
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

Janice B. Askin, Judge
Employees' Compensation Appeals Board