United States Department of Labor
Employees' Compensation Appeals Board

R.N., Appellant	)	
and	)	**Docket No. 26-0291**
	)	**Issued: June 18, 2026**
U.S. POSTAL SERVICE, DOMINICK V. DANIELS PROCESSING & DISTRUBTION CENTER, Kearney, NJ, 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 February 2, 2026, appellant filed a timely appeal from a December 15, 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 establish a medical condition causally related to the accepted December 30, 2024 employment incident.

[1] 5 U.S.C. § 8101 *et seq*.

[2] The Board notes that following the December 15, 2024 decision, OWCP received additional evidence. 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 December 30, 2024 appellant, then a 52-year-old mail processing clerk, filed a traumatic injury claim (Form CA-1) alleging that on that date she injured her lower back as she dropped mail onto a machine while in the performance of duty. She stopped work on December 30, 2024 and returned to work on February 7, 2025.

In a development letter dated January 16, 2025, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence needed to establish her claim and provided a questionnaire for her completion. OWCP afforded appellant 60 days to submit the necessary evidence.

OWCP subsequently received a January 16, 2025 form report from Dr. Arneet Doshi, a Board-certified internist. He advised that appellant was totally disabled from work during the period December 30, 2024 through January 28, 2025 due to an acute flare of lumbosacral radiculopathy with sciatica.

In reports dated January 9 and 28, 2025, Dr. Jay Reidler, a Board-certified orthopedic surgeon, related appellant's December 30, 2024 history of injury, provided physical examination findings, and reviewed diagnostic tests. He noted that review of a January 9, 2025 lumbar x-ray revealed L4-5 disc space narrowing. Dr. Reidler opined, based on imaging findings, history, and clinical examination, that the findings were suspicious for a lumbar disc herniation with radiculopathy. He attributed appellant's condition to her work based on her symptoms and chronicity of her condition. Dr. Reidler concluded that appellant should undergo a magnetic resonance imaging (MRI) scan to further evaluate her condition.

In a duty status report (Form CA-17) dated January 28, 2025, Dr. Reidler noted a December 30, 2024 injury date and released appellant to return to work with restrictions on February 7, 2025. In an attending physician's report (Form CA-20) of even date, he diagnosed lumbar radiculopathy, noting that appellant's injury occurred due to lifting a tray of mail. Dr. Reidler explained that lifting a heavy object "may have" caused pressure on a nerve/disc herniation in the lumbar spine leading to radiculopathy. Dr. Reidler found appellant partially disabled from work beginning January 9, 2025.

In a follow-up letter dated February 11, 2025, OWCP advised appellant that it had conducted an interim review, and the evidence of record remained insufficient to establish her claim. It noted that she had 60 days from the January 16, 2025 letter to submit the necessary evidence. OWCP further advised that if sufficient evidence was not received during this time, it would issue a decision based on the evidence contained in the record.

OWCP subsequently received emergency department notes dated December 30, 2024 from Dr. Robert A. Giles, a physician Board-certified in emergency medicine, who reported that appellant presented for evaluation of back pain which began after lifting heavy crates. Dr. Giles diagnosed acute right-sided low back pain with right-sided sciatica.

Dr. Reidler, in a February 11, 2025 note, related appellant's history of injury and medical treatment and diagnosed lumbar radiculopathy.

In a February 25, 2025 report, Dr. Reidler related appellant's medical history, and provided examination findings. He noted that appellant had fallen at work on February 10, 2025 causing increased low back pain and new neck pain radiating to both shoulders. Dr. Reidler diagnosed low

back pain since a December 30, 2024 work injury consistent with an L4-5 right foraminal disc herniation abutting the exiting right L4 nerve root with lumbar radiculopathy. Due to the chronicity of appellant's symptoms, he concluded that her condition was work related. In a form report of even date, Dr. Reidler advised that appellant was unable to perform any heavy lifting, twisting, or bending as of December 30, 2024. He held appellant off work for approximately three months.

By decision dated March 24, 2025, OWCP denied appellant's claim, finding that the medical evidence of record was insufficient to establish a medical condition was causally related to the accepted December 30, 2024 employment incident.

OWCP subsequently received March 11 and 25, 2025 reports from Dr. Reidler. He related appellant's history of injury on December 30, 2024 and fall on February 10, 2025. Dr. Reidler noted appellant's physical examination findings, which were unchanged. He noted his review of a February 13, 2025 lumbar MRI scan which demonstrated L4-5 disc bulge with superimposed right foraminal disc protrusion abutting the exiting right L4 nerve root without central canal stenosis, and milder to moderate neural foraminal narrowing greater on the right than left. In his March 25, 2025 report, Dr. Reidler also noted his review of a March 24, 2025 cervical MRI scan, which demonstrated C3-4 small disc osteophyte complex, mild bilateral foraminal narrowing, effacement of the ventral thecal sac, and C6-7 small disc osteophyte complex. He diagnosed lumbar and cervical radiculopathy, cervicalgia, and herniated lumbar disc.

An April 7, 2025 Form CA-17 noted the date of injury as February 10, 2025, when appellant slipped and fell on ice at work. Appellant's diagnoses were listed as L4-5 disc herniation and cervical radiculopathy. The signature was illegible.

In reports dated April 29 and May 27, 2025, Dr. Reidler reiterated his prior findings.

On September 29, 2025, appellant requested reconsideration.

By decision dated December 15, 2025, OWCP denied modification.

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 timely filed, 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.[4] These are the essential elements of every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.[5]

[3] *Supra* note 1.

[4] *R.C.*, Docket No, 26-0037 (issued February 13, 2026); *C.G.*, Docket No. 20-0058 (issued September 30, 2021); *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

[5] *R.C.*, *id.*; *C.G.*, Docket No. 20-0058 (issued September 30, 2021); *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

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 whether the employment incident caused an injury.[6]

The medical evidence required to establish a causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.[7] 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 the specific employment incident identified by the claimant.[8]

In any case where a preexisting condition involving the same part of the body is present and the issue of causal relationship, therefore, involves aggravation, acceleration or precipitation, the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.[9]

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted December 30, 2024 employment incident.

In support of her claim, appellant submitted reports dated January 9 and 28, 2025 from Dr. Reidler, who related appellant's history of a December 30, 2024 injury, reviewed diagnostic tests, provided physical examination findings. He diagnosed lumbar disc herniation with radiculopathy and opined that the condition was due to appellant's work injury of December 30, 2024 based on her symptoms and the chronicity of her condition. While Dr. Reidler provided an affirmative opinion in support of causal relationship, he did not offer sufficient rationale to support his opinion.[10] Medical reports consisting solely of conclusory statements without sufficient

[6] *R.C.*, *id.*; *T.H.*, Docket No. 19-0599 (issued January 28, 2020); *K.L.*, Docket No. 18-1029 (issued January 9, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

[7] *R.C.*, *id.*; *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).

[8] *W.C.*, Docket No. 25-0899 (issued December 29, 2025); *A.S.*, Docket No. 19-1955 (issued April 9, 2020); *Leslie C. Moore*, 52 ECAB 132 (2000).

[9] Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (May 2023); *M.B.*, Docket No. 20-1275 (issued January 29, 2021); *see R.D.*, Docket No. 18-1551 (issued March 1, 2019).

[10] *See S.J.*, Docket No. 26-0123 (issued April 10, 2026); *J.S.,* Docket No. 25-0231 (issued March 7, 2025); *A.C.,* Docket No. 24-0661 (issued September 11, 2024); *R.B.,* Docket No. 23-1027 (issued April 3, 2024); *S.B.,* Docket No. 24-0064 (issued February 28, 2024); *S.C.,* Docket No. 21-0929 (issued April 28, 2023); *J.D.,* Docket No. 19-1953 (issued January 11, 2021); *M.W.,* Docket No. 14-1664 (issued December 5, 2014).

rationale are of diminished probative value.[11] This evidence is therefore insufficient to establish the claim.

Appellant also submitted a Form CA-20 dated January 28, 2025 from Dr. Reidler who diagnosed lumbar radiculopathy. He explained that lifting a heavy object "may have" caused pressure on a nerve/disc herniation in the lumbar spine leading to radiculopathy. The Board has held that medical opinions that suggest that a condition may be caused or aggravated by work activities are speculative or equivocal in character and have limited probative value.[12] This evidence is therefore insufficient to establish appellant's claim.

In a January 28, 2025 Form CA-17 and February 11 and March 11 and 25, 2025 reports, Dr. Reidler diagnosed lumbar and cervical radiculopathy, cervicalgia, herniated lumbar disc, and low back pain. However, he failed to offer an opinion as to the cause of these diagnosed conditions. 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, this evidence is insufficient to establish appellant's claim.

In a February 25, 2025 report, Dr. Reidler offered diagnoses of appellant's lumbar and cervical conditions and concluded that her conditions were due to the December 30, 2024 employment incident. However, Dr. Reidler provided a conclusory opinion regarding causal relationship, without explaining how the December 30, 2024 employment incident would have physiologically caused appellant's diagnosed conditions.[14] This evidence is therefore insufficient to establish the claim.

In December 30, 2024 emergency department notes, Dr. Giles diagnosed acute right-sided low back pain with right-sided sciatica. However, he did not provide an opinion on causal relationship between the diagnosed condition and the accepted employment incident. In a January 16, 2025 form report, Dr. Doshi found appellant totally disabled from work for the period December 30, 2024 through January 28, 2025 due to an acute flare of lumbosacral radiculopathy with sciatica. He too failed to offer an opinion regarding the cause of the diagnosed condition. As noted above, 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.[15] Thus, this evidence is insufficient to establish appellant's claim.

The record also consists of an April 7, 2025 Form CA-17 containing an illegible signature. The Board has held that reports that are unsigned or bear an illegible signature cannot be

[11] *See C.B. (S.B.),* Docket No. 19-1629 (issued April 7, 2020); *V.T.,* Docket No. 18-0881 (issued November 19, 2018); *S.E.,* Docket No. 08-2214 (issued May 6, 2009); *T.M.,* Docket No. 08-0975 (issued February 6, 2009).

[12] *S.M.*, Docket No. 25-0657 (issued July 21, 2025); *P.C.*, Docket No. 22-1242 (issued May 23, 2023); *J.W.*, Docket No. 18-0678 (issued March 3, 2020).

[13] *See F.J.*, Docket No. 25-0094 (issued February 19, 2025); *A.D.*, Docket No. 24-0411 (issued June 20, 2024); *T.H.*, Docket No. 21-1429 (issued November 2, 2023); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

[14] *Supra* note 12.

[15] *Id.*

considered probative medical evidence as the author cannot be identified as a physician.[16] Thus, this report has no probative value and is insufficient to establish the claim.

As the medical evidence of record is insufficient to establish a medical condition causally related to the accepted December 30, 2024 employment incident, the Board finds that appellant has not met her 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.

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted December 30, 2024 employment incident.

ORDER

IT IS HEREBY ORDERED THAT the December 15, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: June 18, 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

[16] *See T.P.,* Docket No. 21-0868 (issued December 21, 2021); *R.L.,* Docket No. 20-0284 (issued June 30, 2020); *M.A.,* Docket No. 19-1551 (issued April 30, 2020); *T.O.,* Docket No. 19-1291 (issued December 11, 2019); *Merton J. Sills,* 39 ECAB 572, 575 (1988).