United States Department of Labor
Employees' Compensation Appeals Board

C.V., Appellant	)	
and	)	**Docket No. 26-0312**
	)	**Issued: June 11, 2026**
DEPARTMENT OF HOMELAND SECURITY, TRANSPORTATION SECURITY ADMINISTRATION, BUFFALO NIAGRA INTERNATIONAL AIRPORT, Cheektowaga, NY, Employer	)	

Appearances:
Brett E. Blumstein, 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
PATRICIA H. FITZGERALD, Deputy Chief Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On February 13, 2026 appellant, through counsel, filed a timely appeal from a December 8, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the

[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.

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.[3]

ISSUE

The issue is whether appellant has met her burden of proof to establish a medical condition causally related to the accepted July 4, 2024 employment incident.

FACTUAL HISTORY

On July 8, 2024 appellant, then a 36-year-old transportation security officer, filed a traumatic injury claim (Form CA-1) alleging that on July 4, 2024 she injured her neck, right shoulder, right arm, and right hand when lifting and loading luggage bins while in the performance of duty. She explained that she had been lifting and loading luggage bins for approximately 3.5 hours when she felt a pop and crack in her neck and right shoulder, followed by a tingling in her right arm and hands/fingers, and an inability to move her neck, right shoulder, and right arm. Appellant stopped work on that day.

In a July 4, 2024 emergency department report, Dr. Fernando Domondon, a Board-certified internist, noted that appellant had presented for neck and right shoulder pain after lifting heavy boxes at work. He related appellant's physical examination findings and noted that x-rays of appellant's right shoulder and cervical spine revealed no acute osseous injury. Dr. Domondon provided a clinical impression of back pain, unspecified location.

In a July 5, 2024 note, Christopher Damelio, a nurse practitioner, related that appellant could return to work on July 9, 2024. In a July 8, 2024 note, Dr. Nisha Sharma, a Board-certified family practitioner, excused appellant from work from July 9 through 12, 2024 due to neck pain.

A July 15, 2024 unsigned form indicated that appellant was diagnosed with cervical radiculopathy, cervical dorsopathy, cervicothoracic enthesopathy. Appellant was noted to have been totally disabled from work during the period July 4 through 13, 2024, with a return to full duty expected as of July 28, 2024.

In a July 16, 2024 report, Dr. Lisa Daye, a Board-certified orthopedic surgeon, noted appellant's July 4, 2024 employment incident, provided examination findings and diagnosed cervicalgia. She checked a box marked "Yes" indicating that the incident described was the competent medical cause of the condition. In a work capacity evaluation (Form OWCP-5c) of even date, Dr. Daye opined that appellant was totally disabled for work. She referred appellant for a neurologic evaluation due to cervicalgia.

[2] 5 U.S.C. § 8101 *et seq*.

[3] The Board notes that following the December 8, 2025 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.*

In a July 17, 2024 development letter, 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.

In a July 15, 2024 report, Dr. Mohamed Munassar, a chiropractor, noted appellant's July 4, 2024 employment incident. He provided physical examination findings and diagnosed subluxations at C1, C5, T4, and T6. Additional diagnoses were provided of cervical dorsopathy, radiculopathy cervical region, spinal enthesopathy cervical region, spinal enthesopathy occipito-atlanto axial, cervical segmental dysfunction, strain of muscle, facia and tendon at neck, cervicothoracic dorsopathy, enthesopathy cervicothoracic, spinal enthesopathy thoracic region, thoracic segmental dysfunction, and muscle spasm of the back, which Dr. Munassar opined was causally related to the July 4, 2024 employment incident. In an attending physician's report (Form CA-20) and duty status report (Form CA-17) dated July 23, 2024, he opined that appellant was totally disabled from work as of July 4, 2024, and had an anticipated return to work date of October 5, 2024.

In a follow-up letter dated August 8, 2024, OWCP advised appellant that it had conducted an interim review, and the evidence submitted remained insufficient to establish her claim. It noted that she had 60 days from the July 17, 2024 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.

In reports dated July 29 through August 28, 2024, Dr. Munassar related that he had performed chiropractic manipulation of appellant's cervical and thoracic spine. He reiterated appellant's diagnoses from his July 15, 2024 report. Dr. Munassar noted that findings "described by magnetic resonance imaging (MRI) or radiology" confirmed the diagnoses. He also continued to opine that appellant remained temporarily disabled.

In a September 3, 2024 report, Dr. Sterling Roaf, Jr., Board-certified in occupational health, related that the employing establishment had requested that he review appellant's file. He noted that no conditions had been accepted by OWCP, and that there was a lack of objective reasoning or medical rationale to support the finding of temporary total disability.

By decision dated September 26, 2024, OWCP denied appellant's claim, finding that the medical evidence of record was insufficient to establish a medical diagnosis in connection with the accepted July 4, 2024 employment incident. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

OWCP subsequently received October 18 and November 7, 2024 reports from Sabrina Santana, a certified physician assistant. She noted that appellant was seen for cervicalgia, with cervical radiculopathy and right upper extremity weakness. Ms. Santana indicated by checking a box marked "Yes" that appellant's employment incident was the cause of her diagnosed conditions.

In a December 6, 2024 report, Dr. Joshua Meyers, a Board-certified neurosurgeon, noted the history of appellant's July 4, 2024 employment incident, reviewed an MRI scan of the cervical

spine, and provided examination findings. He diagnosed spinal stenosis, cervical region, and cervicalgia. Dr. Meyers also indicated, by checking a box marked "Yes," that the incident described was the competent medical cause of the diagnosed conditions.

In January 17 and April 4, 2025 reports, Stephanie Reesor, a certified physician assistant, noted that appellant presented with complaints of severe neck pain and headaches. She related appellant's physical examination findings and diagnosed spinal stenosis of the cervical region, cervicalgia, myalgia of auxiliary muscles of the head and neck, and cervical radiculopathy. Ms. Reesor also indicated by checking a box marked "Yes" that appellant's employment incident was the cause of her diagnosed conditions.

On May 7, 2025 appellant, through counsel, requested reconsideration.

By decision dated May 22, 2025, OWCP modified the September 26, 2024 decision to find that the medical evidence of record was sufficient to establish a diagnosed medical condition in connection with the accepted July 4, 2024 employment incident. However, the claim remained denied as the medical evidence of record was insufficient to establish causal relationship between appellant's diagnosed condition(s) and the accepted July 4, 2024 employment incident.

On November 11, 2025 appellant, through counsel, requested reconsideration.

In a November 5, 2025 report, Dr. Meyers noted appellant's July 4, 2024 work incident and that she was seen on October 18 and December 5, 2024, and January 17, April 4 and June 6, 2025 for symptoms of severe neck pain with pain radiating into the right upper extremity. During appellant's December 6, 2024 office visit, he determined that appellant was likely experiencing musculoskeletal strain from injury. Dr. Meyers explained that as appellant denied any similar symptoms prior to her work-related injury, given the mechanism of injury, appellant's muscle strain and weakness were causally related to her claimed July 4, 2024 employment injury.

By decision dated December 8, 2025, OWCP denied modification of its May 22, 2025 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 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.[5] These are the

[4] *Supra* note 2.

[5] *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).

essential elements of every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.[6]

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 that the employment incident caused an injury.[7]

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.[8] 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.[9]

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted July 4, 2024 employment incident.

In a July 4, 2024 report, Dr. Domondon diagnosed muscle pain. In a July 8, 2024 note, Dr. Sharma excused appellant from work due to neck pain. However, neither physician provided 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 is of no probative value.[10] This evidence is therefore insufficient to establish appellant's claim.

In a July 16, 2024 report, Dr. Daye noted the history of appellant's July 4, 2024 employment incident and diagnosed cervicalgia. She opined, with a checkmark "Yes" that the incident described was the competent medical cause of the diagnosed condition. However, the Board has held that a report that addresses causal relationship with a checkmark, without medical rationale explaining how the accepted employment incident caused or aggravated a diagnosed

[6] *J.M.,* Docket No. 17-0284 (issued February 7, 2018); *R.C.,* 59 ECAB 427 (2008); *James E. Chadden, Sr.,* 40 ECAB 312 (1988).

[7] *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).

[8] *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).

[9] *A.S.,* Docket No. 19-1955 (issued April 9, 2020); *Leslie C. Moore*, 52 ECAB 132 (2000).

[10] *See L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.,* Docket No. 17-1549 (issued July 6, 2018).

medical condition, is of diminished probative value and insufficient to establish causal relationship.[11] This evidence is therefore insufficient to establish the claim.

OWCP also received reports by Dr. Munassar, a chiropractor. In reports dated July 15 through August 28, 2024, he diagnosed subluxations at C1, C5, T4, and T6, as well as cervical dorsopathy, radiculopathy cervical region, spinal enthesopathy cervical region, spinal enthesopathy occipito-atlanto axial, cervical segmental dysfunction, neck strain of muscle, facia and tendon, cervicothoracic dorsopathy, enthesopathy cervicothoracic, spinal enthesopathy thoracic region, thoracic segmental dysfunction, and muscle spasm of the back. Dr. Munassar noted that his findings were "described by MRI or radiology." The Board notes that section 8101(2) of FECA provides that the term physician, as used therein, includes chiropractors only to the extent that their reimbursable services are limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by x-ray to exist.[12] OWCP's implementing federal regulations at 20 C.F.R. § 10.5(bb) defines subluxation as an incomplete dislocation, off-centering, misalignment, fixation or abnormal spacing of the vertebrae which must be demonstrated on x-ray.[13] The Board has reviewed the reports from Dr. Munassar and finds that his reports did not diagnose a spinal subluxation as demonstrated by x-ray. Dr. Munassar did not report that he reviewed an x-ray which formed the basis of his cervical subluxation diagnosis. While he did relate that he had reviewed an MRI scan, the Board has explained that a chiropractor's opinion which is based on an MRI scan rather than an x-ray does not constitute competent medical evidence.[14] As Dr. Munassar did not diagnose subluxation as demonstrated by x-ray, he is not considered a physician as defined by FECA and his reports do not constitute competent medical evidence.[15]

In a September 3, 2024 report, Dr. Roaf, Jr., reviewed appellant's medical record on behalf of the employing establishment. He concluded that appellant did not have a medical condition causally related to the accepted employment incident. The Board, however, has held that medical evidence that negates causal relationship is of no probative value.[16] This evidence is therefore insufficient to establish the claim.

In a December 6, 2024 report, Dr. Meyers diagnosed cervical spinal stenosis and opined, with a checkmark "Yes," that the incident described was the competent medical cause of the condition. As noted above, the Board has held that reports that address causal relationship only by checkmark, without medical rationale explaining how the employment incident caused or

[11] *D.O.,* Docket No. 26-0264 (issued May 12, 2026); *J.O.,* Docket No. 26-0086 (issued April 3, 2026); *S.M.,* Docket No. 17-1727 (issued July 9, 2018); *Lillian M. Jones,* 34 ECAB 379, 381 (1982).

[12] 5 U.S.C. § 8101(2).

[13] *Id.*; 20 C.F.R. § 10.311.

[14] *G.L.*, Docket No. 24-0366 (issued May 17, 2024).

[15] *See B.D.,* Docket No. 25-0852 (issued December 1, 2025); *A.V.,* Docket No. 25-0682 (issued August 7, 2025); *G.L., id.*; *see also J.A.,* Docket No. 22-0869 (issued July 3, 2023); *L.M.*, Docket No. 22-0667 (issued November 1, 2022); *P.T.*, Docket No. 21-0110 (issued December 8, 2021); *D.G.,* Docket No. 19-1348 (issued December 2, 2019).

[16] *T.W.,* Docket No. 19-0677 (issued August 16, 2019).

aggravated the diagnosed condition, are of diminished probative value.[17] This evidence is therefore insufficient to establish appellant's claim.

In his November 5, 2025 report, Dr. Meyers related that, as appellant denied any similar symptoms prior to her work-related injury, it was determined that, given the mechanism of injury, appellant's muscle strain and weakness were causally related to her claimed July 4, 2024 employment injury. The Board has held that an opinion that a condition is causally related to an employment injury because the employee was asymptomatic before the injury is insufficient, without adequate rationale, to establish causal relationship.[18] Moreover, Dr. Meyers did not provide rationale for his conclusory opinion. The Board has held that medical evidence that does not offer a rationalized explanation by the physician of how the accepted employment incident physiologically caused or aggravated the diagnosed condition(s) is of limited probative value.[19] This evidence is therefore insufficient to establish the claim.

OWCP also received evidence signed by a physician assistant. However, certain healthcare providers such as physician assistants are not considered physicians as defined under FECA.[20] Thus, this evidence is of no probative value and is insufficient to establish appellant's claim.

In addition, OWCP received an unsigned July 15, 2024 note. A report that is unsigned or bears an illegible signature lacks proper identification and cannot be considered probative medical evidence as the author cannot be identified as a physician.[21] Thus, this evidence is insufficient to establish appellant's claim.

As the medical evidence of record is insufficient to establish causal relationship between a medical condition and the accepted July 4, 2024 employment incident, the Board finds that appellant has not met her burden of proof.

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[17] *Supra* note 12; *see also R.C.,* Docket No. 20-1525 (issued June 8, 2021); *D.A.,* Docket No. 20-0951 (issued November 6, 2020); *K.R.,* Docket No. 19-0375 (issued July 3, 2019); *Deborah L. Beatty,* 54 ECAB 340 (2003).

[18] *See J.H.,* Docket No. 20-1645 (issued August 11, 2025); *S.D.*, Docket No. 20-1255 (issued February 3, 2021); *F.H.*, Docket No. 18-1238 (issued January 18, 2019); *J.R.*, Docket No. 18-0206 (issued October 15, 2018).

[19] *S.E.*, Docket No. 26-0036 (issued January 29, 2026); *S.B.*, Docket No. 26-0124 (issued March 4, 2026); *D.D.*, Docket No. 25-0751 (issued August 27, 2025); *T.L.,* Docket No. 23-0073 (issued January 9, 2023); *V.D.*, Docket No. 20-0884 (issued February 12, 2021); *Y.D.*, Docket No. 16-1896 (issued February 10, 2017).

[20] Section 8101(2) of FECA provides that medical opinions can only be given by a qualified physician. This section defines a physician as 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); *see also J.O.*, Docket No. 25-0086 (issued April 3, 2026); *A.C.,* Docket No. 24-0661 (issued September 11, 2024) (medical reports signed solely by a nurse, physician assistant, or physical therapist are of no probative value, as such healthcare providers are not considered physicians as defined under FECA and, therefore, are not competent to provide a medical opinion); *M.F.,* Docket No. 19-1573 (issued March 16, 2020) (medical reports signed solely by a physician assistant or a nurse practitioner are of no probative value as these care providers are not considered physicians as defined under FECA).

[21] *See L.C.,* Docket No. 18-0933 (issued March 13, 2020); *K.L.*, Docket No. 18-1029 (issued January 9, 2019); *Merton J. Sills,* 39 ECAB 572, 575 (1988).

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 July 4, 2024 employment incident.

ORDER

IT IS HEREBY ORDERED THAT the December 8, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: June 11, 2026
Washington, DC

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

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

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board