

**United States Department of Labor  
Employees' Compensation Appeals Board**

D.D., Appellant	)	
	)	
and	)	<b>Docket No. 26-0094</b>
	)	<b>Issued: March 4, 2026</b>
DEPARTMENT OF JUSTICE, FEDERAL	)	
BUREAU OF PRISONS, FEDERAL	)	
DETENTION CENTER HOUSTON,	)	
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 October 21, 2025, appellant filed a timely appeal from May 28, September 24, and October 21, 2025 merit decisions of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act<sup>1</sup> (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.<sup>2</sup>

**ISSUES**

The issues are: (1) whether appellant has met his burden of proof to establish permanent impairment of a scheduled member or function of the body, warranting a schedule award; and

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<sup>1</sup> 5 U.S.C. § 8101 *et seq.*

<sup>2</sup> The Board notes that, following the October 21, 2025 decision, OWCP received additional evidence. 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.*

(2) whether appellant has met his burden of proof to establish disability from work during the period July 16 through August 6, 2025, causally related to the accepted February 1, 2024 employment injury.

### **FACTUAL HISTORY**

On February 7, 2024, appellant, then a 39-year-old cook, filed a traumatic injury claim (Form CA-1) alleging that on February 1, 2024 he injured his neck, left arm, left middle finger, and right little finger after a struggle ensued during a search of a cell while in the performance of duty. He explained that he had to push, pull, and lift an inmate who refused to walk while being escorted in handcuffs. Appellant stopped work on February 2, 2024, and returned to full-duty work on September 16, 2024. OWCP accepted the claim for contusion of left middle finger and cervical strain. It paid appellant wage-loss compensation on the supplemental and periodic rolls effective March 19, 2024.

On March 6, 2024, Dr. Basem Hamid, Board-certified in pain medicine and neurology, noted that appellant related complaints of pain, numbness, and tingling in his neck and entire left upper extremity, which he attributed to the February 1, 2024 employment injury. He performed a physical examination of the upper extremities and observed that motor and sensory testing was within normal limits. Dr. Hamid administered a bilateral upper extremity electromyography and nerve conduction velocity (EMG/NCV) study, which revealed normal motor nerve conduction velocities, normal sensory nerve distal peak onset latencies and amplitudes, and increased insertional activity with slightly decreased spontaneous activity at the left mid-low cervical paraspinal muscles. He opined that the EMG/NCV study was “supportive of left C5-C7 mild acute cervical radiculopathy with mild active denervation.”

On June 6, 2024, OWCP expanded its acceptance of the claim to include cervical disc degeneration at C4-5, C5-6, and C6-7, and lumbar strain.

OWCP continued to receive additional medical evidence. In follow-up reports dated April 15, 2024 through January 20, 2025, Dr. Ian Reynolds, a Board-certified orthopedic surgeon, noted appellant’s subjective complaints of numbness and tingling in his left arm and leg and indicated that fusion surgery was discussed. On June 3 and August 7, 2024, he documented normal neurological examinations of the upper and lower extremities.

In an impairment rating evaluation report dated March 11, 2025, Dr. Reynolds performed a physical examination and observed full strength throughout the upper and lower extremities, reduced range of motion (ROM) in the cervical spine, normal ROM in the lumbar spine, and 1.5 cm of left arm atrophy above the elbow compared to the right. He reviewed a magnetic resonance imaging (MRI) scan of the cervical spine dated March 6, 2024, which revealed multilevel disc disease and desiccation, and an MRI scan of the lumbar spine of even date, which revealed protrusions at the L4-5 and L5-S1 levels. Dr. Reynolds applied the sixth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*)<sup>3</sup> and, utilizing Table 17-4, Lumbar and Cervical Spine Regional Grids, he opined that appellant had

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<sup>3</sup> A.M.A., *Guides* (6<sup>th</sup> ed. 2009).

three percent whole person impairment for the cervical spine and six percent whole person impairment for the lumbar spine, for a total of nine percent whole person impairment.<sup>4</sup>

On March 18, 2025, appellant filed a claim for compensation (Form CA-7) for a schedule award.

OWCP referred the case record, including the March 11, 2025 report of Dr. Reynolds, to Dr. Arthur S. Harris, a Board-certified orthopedic surgeon serving as an OWCP district medical adviser (DMA), for review.

In a report dated April 7, 2025, Dr. Harris reviewed the case record and noted the accepted conditions. He opined that appellant had reached maximum medical improvement (MMI) on March 11, 2025, the date of Dr. Reynolds' physical examination. Dr. Harris noted that Dr. Reynolds identified no motor or sensory deficits in either the upper or lower extremities. He referenced Proposed Tables 1 and 2 of *The Guides Newsletter, Rating Spinal Nerve Extremity Impairment (July/August 2009) (The Guides Newsletter)* and found that appellant had zero percent permanent impairment of the upper and lower extremities based upon a lack of motor and sensory deficits on physical examination. Dr. Harris further noted that FECA did not allow a schedule award for the spine, nor did it recognize whole person impairment for spinal conditions. Based on Dr. Reynolds' evaluation findings, he found that there was no permanent impairment of any spinal nerve, and thus no permanent impairment under FECA due to the accepted spinal conditions.

By decision dated May 28, 2025, OWCP denied appellant's schedule award claim.

On July 2, 2025, Dr. Djamchid Lotfi, a neurologist, administered a bilateral lower extremity EMG/NCV study. He indicated that the results of the study were "consistent with electrodiagnostic evidence of chronic lumbosacral radiculopathy with a possible component of length-dependent sensory neuropathy."

In a medical report dated July 16, 2025, Dr. Reynolds disagreed with Dr. Harris' permanent impairment rating. He recommended epidural injections at L4-5 and L5-S1. In a duty status report (Form CA-17) of even date, Dr. Reynolds indicated that appellant was totally disabled from all work due to cervical degenerative disc disease and herniated cervical discs.

In a medical report dated July 21, 2025, Dr. Vladimir Redko, Board-certified in anesthesiology and pain medicine, noted that appellant related complaints of neck and back pain that radiated into his arms and legs. He performed a physical examination of the neck, back, and upper and lower extremities and observed normal ROM, strength, bulk, tone, sensation, and reflexes. Dr. Redko diagnosed cervical and thoracolumbar radiculopathy and chronic low back pain. He administered a lumbar epidural steroid injection at L4-5 on July 30, 2025.

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<sup>4</sup> *Id.* at 570-574.

On July 27, 2025, appellant filed a claim for compensation (Form CA-7) for disability from work for the period July 16 through 26, 2025. On August 7, 2025, he filed a Form CA-7 for disability from work for the period July 27 through August 6, 2025.<sup>5</sup>

In a narrative dated August 18, 2025, Dr. Reynolds indicated that appellant related complaints of pain radiating to his left lower extremity when he flexed his neck and numbness in the lower extremities when he crossed his legs. He opined that he may require fusion surgery of the cervical spine to stabilize his symptoms.

On September 2, 2025, appellant requested reconsideration of OWCP's May 28, 2025 decision.

By decision dated September 24, 2025, OWCP denied modification of its May 28, 2025 decision.

By decision dated October 21, 2025, OWCP denied appellant's claim for disability from work for the period July 16 through August 6, 2025, finding that the medical evidence of record was insufficient to establish causal relationship between the claimed disability and the accepted February 1, 2024 employment injury.

### **LEGAL PRECEDENT -- ISSUE 1**

The schedule award provisions of FECA<sup>6</sup> and its implementing regulations<sup>7</sup> set forth the number of weeks of compensation payable to employees sustaining permanent impairment from loss or loss of use, of scheduled members or functions of the body. FECA, however, does not specify the manner in which the percentage of loss of a member shall be determined. The method used in making such a determination is a matter which rests in the sound discretion of OWCP. For consistent results and to ensure equal justice, good administrative practice necessitates the use of a single set of tables so that there may be uniform standards applicable to all claimants. The A.M.A., *Guides* have been adopted by OWCP as a standard for evaluation of schedule losses and the Board has concurred in such adoption.<sup>8</sup> For schedule awards after May 1, 2009, the impairment is evaluated under the sixth edition of the A.M.A., *Guides*, published in 2009.<sup>9</sup>

It is the claimant's burden of proof to establish permanent impairment of the scheduled member or function of the body as a result of an employment injury.<sup>10</sup> OWCP procedures provide

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<sup>5</sup> In a Form CA-17 dated August 6, 2025, Dr. Reynolds released appellant to return to full-duty work without restrictions.

<sup>6</sup> *Supra* note 1.

<sup>7</sup> 20 C.F.R. § 10.404.

<sup>8</sup> *Id.*; see also *Jacqueline S. Harris*, 54 ECAB 139 (2002).

<sup>9</sup> Federal (FECA) Procedure Manual, Part 2 -- Claims, *Schedule Awards and Permanent Disability Claims*, Chapter 2.808.5a (March 2017); Federal (FECA) Procedure Manual, Part 3 -- Medical, *Schedule Awards*, Chapter 3.700.2 and Exhibit 1 (January 2010).

<sup>10</sup> *E.D.*, Docket No. 19-1562 (issued March 3, 2020); *Edward Spohr*, 54 ECAB 806, 810 (2003); *Tammy L. Meehan*, 53 ECAB 229 (2001).

that, to support a schedule award, the file must contain competent medical evidence which shows that the impairment has reached a permanent and fixed state and indicates the date on which this occurred (date of MMI), describes the impairment in sufficient detail so that it can be visualized on review, and computes the percentage of impairment in accordance with the A.M.A., *Guides*.<sup>11</sup>

Neither FECA nor its implementing regulations provide for the payment of a schedule award for the permanent loss of use of the back/spine or the body as a whole.<sup>12</sup> However, a schedule award is permissible where the employment-related spinal condition affects the upper and/or lower extremities.<sup>13</sup> The sixth edition of the A.M.A., *Guides* (2009) provides a specific methodology for rating spinal nerve extremity impairment in *The Guides Newsletter*. It was designed for situations where a particular jurisdiction, such as FECA, mandated ratings for extremities and precluded ratings for the spine. The FECA-approved methodology is premised on evidence of radiculopathy affecting the upper and/or lower extremities. The appropriate tables for rating spinal nerve extremity impairment are incorporated in the Federal (FECA) Procedure Manual.<sup>14</sup>

OWCP's procedures provide that, after obtaining all necessary medical evidence, the file should be routed to OWCP's DMA for an opinion concerning the nature and percentage of impairment in accordance with the A.M.A., *Guides*, with the DMA providing rationale for the percentage of impairment specified.<sup>15</sup>

### **ANALYSIS -- ISSUE 1**

The Board finds that appellant has not met his burden of proof to establish permanent impairment of a scheduled member or function of the body, warranting a schedule award.

In medical reports dated April 15, 2024 through January 20, 2025, Dr. Reynolds documented normal sensory and motor examinations of the upper and lower extremities. In his March 11, 2025 impairment rating evaluation report, he documented his physical examination findings and his review of cervical and lumbar MRI scans. Utilizing Table 17-4, Cervical and Lumbar Spine Regional Grids, Dr. Reynolds opined that appellant had nine percent whole person impairment. As noted above, neither FECA nor its implementing regulations provide for a schedule award for impairment to the back or to the body as a whole.<sup>16</sup> Accordingly, Dr. Reynolds'

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<sup>11</sup> *Supra* note 9 at Chapter 2.808.5 (March 2017).

<sup>12</sup> 5 U.S.C. § 8107(c); 20 C.F.R. § 10.404(a) and (b); *see A.G.*, Docket No. 18-0815 (issued January 24, 2019); *Jay K. Tomokiyo*, 51 ECAB 361, 367 (2000).

<sup>13</sup> *Supra* note 9 at Part 2 -- Claims, *Schedule Awards and Permanent Disability Claims*, Chapter 2.808.5c(3) (March 2017).

<sup>14</sup> *Supra* note 9 at Part 3 -- Medical, *Schedule Awards*, Chapter 3.700, Exhibit 4 (January 2010).

<sup>15</sup> *V.K.*, Docket No. 21-1006 (issued September 25, 2023); *D.C.*, Docket No. 23-0455 (issued August 28, 2023); *Darlene R. Kennedy*, 57 ECAB 414 (2006); *Gloria J. Godfrey*, 52 ECAB 486 (2001); *James P. Roberts*, 31 ECAB 1010 (1980).

<sup>16</sup> *Supra* note 12.

reports do not contain an opinion in conformance with the sixth edition of the A.M.A., *Guides* establishing permanent impairment of a scheduled member or function of the body.<sup>17</sup>

In accordance with its procedures, OWCP properly referred the evidence of record to its DMA, Dr. Harris, who opined in his April 7, 2025 report that appellant had no permanent impairment. Dr. Harris noted that pursuant to *The Guides Newsletter*, appellant was not entitled to a schedule award for upper or lower extremity spinal nerve impairment based upon Dr. Reynolds' normal neurologic examination findings. The Board finds that Dr. Harris properly applied Dr. Reynolds' findings and provided an explanation in conformance with the A.M.A., *Guides* and *The Guides Newsletter* in finding that appellant had no permanent impairment of his upper or lower extremities due to either a motor or sensory deficit of the spinal nerve.<sup>18</sup> As Dr. Harris' report was detailed, based on a proper factual history and findings on examination, and provided a rationalized medical opinion on permanent impairment, his opinion is sufficient to carry the weight of the medical evidence.<sup>19</sup>

Appellant also submitted a July 2, 2025 lower extremity EMG/NCV study and July 16 and August 18, 2025 reports indicating that appellant may need cervical fusion surgery. In a medical report dated July 21, 2025, Dr. Redko performed a physical examination of the neck, back, and upper and lower extremities and observed normal ROM, strength, bulk, tone, sensation, and reflexes. These reports, however, did not provide a permanent impairment rating of a scheduled member or function of the body.

As the medical evidence of record is insufficient to establish permanent impairment of a scheduled member or function of the body, the Board finds that appellant has not met his burden of proof.

Appellant may request a schedule award or increased schedule award at any time based on evidence of a new exposure or medical evidence showing progression of an employment-related condition resulting in permanent impairment or increased permanent impairment.

### **LEGAL PRECEDENT -- ISSUE 2**

An employee seeking benefits under FECA has the burden of proof to establish the essential elements of his or her claim including that any disability or specific condition for which compensation is claimed is causally related to the employment injury.<sup>20</sup> Under FECA, the term "disability" means the incapacity, because of an employment injury, to earn the wages that the employee was receiving at the time of injury.<sup>21</sup> Disability is, thus, not synonymous with physical

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<sup>17</sup> See *J.C.*, Docket No. 21-0426 (issued October 12, 2021).

<sup>18</sup> *M.Y.*, Docket No. 26-0025 (issued January 20, 2026); *E.S.*, Docket No. 25-0791 (issued November 20, 2025); *B.J.*, Docket No. 25-0323 (issued March 13, 2025); *T.T.*, Docket No. 24-0079 (issued April 1, 2024).

<sup>19</sup> See *V.A.*, Docket No. 21-1023 (issued March 6, 2023).

<sup>20</sup> *S.F.*, Docket No. 20-0347 (issued March 31, 2023); *S.W.*, Docket No. 18-1529 (issued April 19, 2019); *J.F.*, Docket No. 09-1061 (issued November 17, 2009); *Kathryn Haggerty*, 45 ECAB 383 (1994); *Elaine Pendleton*, 40 ECAB 1143 (1989).

<sup>21</sup> 20 C.F.R. § 10.5(f).

impairment, which may or may not result in an incapacity to earn wages.<sup>22</sup> An employee who has a physical impairment causally related to a federal employment injury, but who nevertheless has the capacity to earn the wages he or she was receiving at the time of injury, has no disability as that term is used in FECA.<sup>23</sup> When, however, the medical evidence establishes that the residuals or sequelae of an employment injury are such that, from a medical standpoint, they prevent the employee from continuing in his or her employment, he or she is entitled to compensation for loss of wages.<sup>24</sup>

The medical evidence required to establish causal relationship between a claimed period of disability and an employment injury is rationalized medical opinion evidence. The opinion of the physician must be based on a complete factual and medical background of the claimant, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the claimed disability and the accepted employment injury.<sup>25</sup>

The Board will not require OWCP to pay compensation for disability in the absence of medical evidence directly addressing the specific dates of disability for which compensation is claimed. To do so would essentially allow an employee to self-certify his or her disability and entitlement to compensation.<sup>26</sup>

### **ANALYSIS -- ISSUE 2**

The Board finds that appellant has not met his burden of proof to establish disability from work during the period July 16 through August 6, 2025, causally related to the accepted February 1, 2024 employment injury.

In support of his claim, appellant submitted a July 16, 2025 medical report by Dr. Reynolds, who recommended epidural injections at L4-5 and L5-S1. In a Form CA-17 of even date, he indicated that appellant was totally disabled from all work due to cervical degenerative disc disease and herniated cervical discs. However, 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 disability was causally related to the accepted employment injury.<sup>27</sup> As such, this evidence is insufficient to establish appellant's disability claim.

Dr. Redko, in medical reports dated July 21 and 30, 2025, noted appellant's complaints and physical examination findings and administered a lumbar epidural steroid injection. In a narrative dated August 18, 2025, Dr. Reynolds indicated that he may require cervical fusion surgery. However, neither physician provided an opinion that appellant was disabled from work

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<sup>22</sup> See *H.B.*, Docket No. 20-0587 (issued June 28, 2021); *L.W.*, Docket No. 17-1685 (issued October 9, 2018).

<sup>23</sup> See *H.B.*, *id.*; *K.H.*, Docket No. 19-1635 (issued March 5, 2020).

<sup>24</sup> See *D.R.*, Docket No. 18-0323 (issued October 2, 2018).

<sup>25</sup> *F.B.*, Docket No. 22-0679 (issued January 23, 2024); *Y.S.*, Docket No. 19-1572 (issued March 12, 2020).

<sup>26</sup> *J.B.*, Docket No. 19-0715 (issued September 12, 2019); *Fereidoon Kharabi*, 52 ECAB 291, 293 (2001).

<sup>27</sup> See *Y.D.*, Docket No. 16-1896 (issued February 10, 2017) (a report is of limited probative value regarding causal relationship if it does not contain medical rationale describing the relation between work factors and a diagnosed condition/disability).

during the claimed period causally related to the accepted February 1, 2024 employment injury. 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.<sup>28</sup> Therefore, this evidence is insufficient to establish the disability claim.

Appellant also submitted a lower extremity EMG/NCV study dated July 2, 2025. The Board has held that diagnostic studies, standing alone, lack probative value on the issue of causal relationship as they do not address whether the accepted employment injury caused the claimed disability.<sup>29</sup>

As the medical evidence of record is insufficient to establish disability from work during the period July 16 through August 6, 2025, causally related to the accepted February 1, 2024 employment injury, 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.

### **CONCLUSION**

The Board finds that appellant has not met his burden of proof to establish permanent impairment of a scheduled member or function of the body, warranting a schedule award. The Board further finds that appellant has not met his burden of proof to establish disability from work during the period July 16 through August 6, 2025, causally related to the accepted February 1, 2024 employment injury.

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<sup>28</sup> *T.H.*, Docket No. 23-0811 (issued February 13, 2024); *F.B.*, *supra* note 25; *Y.S.*, *supra* note 25; *see also L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

<sup>29</sup> *F.D.*, Docket No. 19-0932 (issued October 3, 2019); *J.S.*, Docket No. 17-1039 (issued October 6, 2017).

**ORDER**

**IT IS HEREBY ORDERED THAT** the May 28, September 24, and October 21, 2025 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: March 4, 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