



## **ISSUES**

The issues are: (1) whether OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective March 30, 2023, as she no longer had disability or residuals causally related to her accepted October 10, 2019 employment injury; (2) whether appellant has met her burden of proof to establish continuing disability or residuals on or after March 30, 2023, causally related to the accepted October 10, 2019 employment injury; and (3) whether appellant has met her burden of proof to expand the acceptance of her claim to include additional conditions of L4-5 spinal stenosis, lumbar radiculopathy, and lumbar spondylolisthesis as causally related to, or as a consequence of the accepted October 10, 2019 employment injury.

## **FACTUAL HISTORY**

On October 16, 2019 appellant, then a 50-year-old letter carrier, filed a traumatic injury claim (Form CA-1) alleging that on October 10, 2019 she sustained a lower back injury when working in excess of her light-duty restrictions, while in the performance of duty. She stopped work on October 12, 2019. By decision dated August 13, 2020, OWCP accepted the claim for lower back muscle, fascia, and tendon strain.<sup>4</sup> It paid appellant wage-loss compensation on the supplemental rolls effective December 7, 2019, and on the periodic rolls effective January 3, 2021.

In progress notes dated May 11, 2022, Dr. Fred J. Brenner, a physician specializing in general medicine and emergency medicine, diagnosed L4-5 spinal stenosis, lower back muscle, fascia, and tendon strain, and leg swelling. In a note of even date, he advised that appellant would be able to return to full-duty work in six months.

On May 20, 2022 OWCP referred appellant, the medical record, a statement of accepted facts (SOAF), and a series of questions to Dr. Traci G. Barthel, an orthopedic surgeon, for a second opinion examination regarding the status of appellant's current conditions and whether any additional conditions were work related.

Dr. Brenner, in progress notes dated June 8, 2022, provided examination findings and reiterated appellant's diagnoses.

In a report dated June 13, 2022, Dr. Barthel noted appellant's symptoms and provided examination findings. She related that appellant's physical examination demonstrated tenderness on palpation of L3-4, paraspinal spasms, 60 degrees lumbar flexion, 30 degrees lumbar extension with pain, and painful lumbar right rotation. Dr. Barthel diagnosed lumbar strain and preexisting lumbar degenerative disc disease with facet arthritis resulting in severe stenosis. She opined that the accepted lower back muscle, fascia, and tendon strain had resolved, noting that a strain or sprain is a temporary and self-limited condition which should resolve within six to eight weeks. Dr. Barthel attributed appellant's current condition to her preexisting facet arthritis and severe

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<sup>4</sup> OWCP assigned the current claim OWCP File No. xxxxxx890. Under OWCP File No. xxxxxx570, OWCP accepted right shoulder and upper arm tendon, muscle, and fascia strain, right shoulder impingement syndrome, and right shoulder superior glenoid labrum lesion as causally related to an April 29, 2018 employment injury. OWCP has administratively combined OWCP File Nos. xxxxxx890 and xxxxxx570, with the latter designated as the master file.

stenosis. She concluded that appellant was capable of returning to her modified city carrier position.

On July 18, 2022 OWCP advised appellant of its notice of proposed termination of her wage-loss compensation and medical benefits, as the evidence of record established that she no longer had employment-related disability or residuals causally related to her accepted October 10, 2019 employment injury. It afforded her 30 days to submit additional evidence or argument if she disagreed with the proposed termination.

OWCP subsequently received progress notes dated August 10, 2021 from Dr. Reid R. Hoshide, a neurosurgeon, who noted appellant's history of injury on October 10, 2019, provided examination findings, reviewed diagnostic tests, and diagnosed L4-5 degenerative disc disease with spondylolisthesis and bilateral lower extremity radiculopathies.

In progress notes dated July 12 and 25, 2022, Dr. Scott S. Moroika, a Board-certified physiatrist, diagnosed lower back muscle, fascia, and tendon strain.

In progress notes dated July 13 through December 14, 2022, Dr. Brenner repeated his prior findings and diagnoses.

In a report dated August 17, 2022, Dr. Mark C. Lee, a Board-certified internist, related that he had previously treated appellant for shoulder and low back issues on November 20, 26, 2017, April 2, July 18, and November 2019.

Dr. Brenner, in reports dated September 12, 2022, reiterated appellant's diagnoses and related that appellant was totally disabled from work. He also noted that appellant would be reevaluated in four weeks.

In a September 21, 2022 report, Dr. Brenner reviewed Dr. Barthel's report and disagreed with his conclusions. He opined that appellant sustained a spinal injury due to the accepted October 19, 2019 employment injury and was unable to meet the functional demands of her letter carrier position.

On January 13, 2023 OWCP referred appellant, together with a SOAF, medical record, and series of questions, to Dr. Kenneth Kaan, a Board-certified orthopedic surgeon, to resolve the conflict in the medical opinion evidence, between appellant's treating physicians, and Dr. Barthel, an OWCP referral physician, as to whether appellant continued to have residuals and disability due to her accepted employment injury and whether any additional conditions were work related.

In a report dated February 21, 2023, Dr. Kaan, serving as the impartial medical examiner (IME), based upon a review of the history of injury, medical record, SOAF, and appellant's physical examination, opined that appellant's accepted low back muscle, fascia, and tendon strain had resolved. On physical examination he reported normal sensory examination, positive Waddell's test and tenderness on palpation of the lumbosacral spine, bilateral sacroiliac joints and bilateral sacroiliac notches. Dr. Kaan explained that appellant had no objective findings supporting a diagnosis of low back muscle, fascia, and tendon and no evidence of muscular spasm. She noted that appellant did have low back pain and exhibited symptom magnification signs with a positive Waddell's test. Dr. Kaan opined that her chronic back pain was more likely than not

attributable to her degenerative spondylolisthesis and psychosocial factors. She explained that degenerative lumbar disc disease was developmental with the aging process and “more related to one’s heredity” and that mechanical factors are not thought to be a primary causative factor. Dr. Kaan further explained that appellant sustained a minor work injury and, thus, it was not the cause of her degenerative spondylolisthesis with facet arthritis. Furthermore, appellant’s degenerative spondylolisthesis and spinal stenosis occurred about two years after the accepted October 10, 2019 employment injury and was unrelated to the injury. Dr. Kaan opined that appellant was disabled from performing her work as a letter carrier due to her degenerative spondylolisthesis with low back pain and radiculopathy, which was not accepted as due to her October 10, 2019 employment injury.

By decision dated March 28, 2023, OWCP denied appellant’s request to expand the acceptance of her claim.

By decision dated March 30, 2023, OWCP terminated appellant’s wage-loss compensation and medical benefits, effective that date, finding that she no longer had disability or residuals causally related to her accepted October 10, 2019 employment injury. It accorded the special weight of the medical evidence to the opinion of Dr. Kaan, the IME.

On April 7, 2023 appellant, through counsel, requested an oral hearing before a representative of OWCP’s Branch of Hearings and Review. A hearing was held on September 13, 2023.

In a June 21, 2023 note, Dr. Lee reiterated that appellant had been a patient since November 21, 2019. He related that he had not treated her for shoulder/back and spine disease during the period November 21, 2019 through June 14, 2023.

In an August 23, 2023 note, Dr. Patrick C. Murray, a Board-certified orthopedic surgeon, diagnosed L4-5 disc degeneration and lumbar spine stenosis. He noted an October 10, 2019 date of injury due to lifting and overuse at work.

In progress notes dated September 19, 2023, Dr. Carl F. Hodel, a physician specializing in emergency medicine, noted appellant was seen for back pain complaints and provided examination findings. He related that appellant had work-related injury, with lower back muscle, fascia, and tendon strain, L4-5 spinal stenosis, and leg swelling. In an attached form report, Dr. Hodel placed appellant in an off-duty work status.

An October 24, 2024 progress note from Dr. Hodel related unchanged findings.

By decision dated November 24, 2023, OWCP’s hearing representative affirmed the March 28, 2023 decision denying expansion of the acceptance of appellant’s claim to include additional lumbar conditions, and the March 30, 2023 decision terminating her wage-loss compensation and medical benefits.

OWCP continued to receive additional evidence. In progress notes dated November 28 and December 26, 2023, Dr. Hodel provided repetitive findings and continued to relate that appellant was totally disabled from work.

In a February 2, 2024 disability note, Dr. Hodel related that appellant would be temporarily totally disabled if modified duty within her restrictions was not available.

In form reports dated March 19, April 16, May 14, and July 16, 2024, Dr. Hodel again related that appellant was totally disabled from work.

In an August 13, 2024 report, Dr. Hodel released appellant to return to modified work on August 19, 2024. Work restrictions included sedentary work, no lifting over five pounds, and no more than six hours of work, five days per week.

On August 19, 2024 appellant, through counsel, requested reconsideration. In support thereof, she submitted a June 18, 2024 report wherein Dr. Hodel reiterated the findings, diagnoses, and disability status from prior reports.

By decision dated August 26, 2024, OWCP denied modification of the November 24, 2023 OWCP hearing representative's decision.

OWCP subsequently received additional medical evidence. In reports dated September 10, October 8, November 5, December 17, 2024, January 14, February 11, and March 18, 2025, Dr. Hodel found appellant capable of working in a sedentary position with no lifting more than five pounds and working six hours per day, five days per week.

In progress notes dated May 22, 2025, Dr. Hodel diagnosed work-related injury, lower back muscle, fascia, and tendon strain, leg swelling, and L4-5 spinal stenosis. He noted that a January 13, 2025 magnetic resonance imaging (MRI) scan demonstrated lumbar spinal degenerative changes, severe L4-5 canal stenosis, and no high-grade neural foraminal narrowing.

Dr. Hodel, in progress notes dated May 29 and June 19, 2025, related that, on physical examination, appellant had a normal gait, intact sensory and motor function, full lumbar range of motion with pain at all end points, and tenderness on palpation of L4-5 and L5-S1. He diagnosed work-related injury; lower back muscle, fascia, and tendon strain; leg swelling; and L4-5 spinal stenosis. Dr. Hodel indicated appellant was capable of working a modified job for six hours per day, five days per week in a sedentary position with restrictions on no lifting more than five pounds.

On July 1, 2025 appellant, through counsel, requested reconsideration.

By decision dated July 16, 2025, OWCP denied modification.

### **LEGAL PRECEDENT – ISSUE 1**

Once OWCP accepts a claim and pays compensation, it has the burden of justifying modification or termination of an employee's benefits.<sup>5</sup> After it has determined that an employee has disability causally related to his or her federal employment, OWCP may not terminate

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<sup>5</sup> See *M.B.*, Docket No. 24-0697 (issued July 25, 2024); *L.M.*, Docket No. 22-0342 (issued August 25, 2023); *T.C.*, Docket No. 20-1163 (issued July 13, 2021); *Paul L. Stewart*, 54 ECAB 824 (2003).

compensation without establishing that the disability has ceased or that it is no longer related to the employment.<sup>6</sup> Its burden of proof includes the necessity of furnishing rationalized medical opinion evidence based on a proper factual and medical background.<sup>7</sup>

Section 8123(a) of FECA provides in pertinent part: “If there is disagreement between the physician making the examination for the United States and the physician of the employee, the Secretary shall appoint a third physician who shall make an examination.”<sup>8</sup> The implementing regulation states that, if a conflict exists between the medical opinion of the employee’s physician and the medical opinion of either a second opinion physician or an OWCP medical adviser, OWCP shall appoint a third physician to make an examination. This is called a referee examination and OWCP will select a physician who is qualified in the appropriate specialty and who has no prior connection with the case.<sup>9</sup>

In situations where there exist opposing medical reports of virtually equal weight and rationale and the case is referred to an IME for the purpose of resolving the conflict, the opinion of such specialist, if sufficiently well rationalized and based upon a proper factual background, must be given special weight.<sup>10</sup>

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

The Board finds that OWCP met its burden of proof to terminate appellant’s wage-loss compensation and medical benefits, effective March 30, 2023, as she no longer had disability or residuals causally related to her accepted October 1, 2019 employment injury.

OWCP accepted that appellant sustained a lower back muscle, fascia, and tendon strain as a result of her October 10, 2019 employment injury. It properly determined that a conflict in medical opinion existed between appellant’s treating physicians, and Dr. Barthel, an OWCP referral physician, and referred her to Dr. Kaan, a Board-certified orthopedic surgeon, for an impartial medical examination to resolve the conflict, pursuant to 5 U.S.C. § 8123(a).

In a February 21, 2023 report, Dr. Kaan reviewed the SOAF and appellant’s medical record. He performed a physical examination and provided an impression of chronic low back pain with no objective findings. On physical examination, Dr. Kaan reported normal sensory examination, positive Waddell’s test and tenderness on palpation of the lumbosacral spine, bilateral sacroiliac joints and bilateral sacroiliac notches. He explained that appellant had no objective findings supporting a diagnosis of low back muscle, fascia, and tendon and no evidence

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<sup>6</sup> *M.B., id.*; *A.T.*, Docket No. 20-0334 (issued October 8, 2020); *E.B.*, Docket No. 18-1060 (issued November 1, 2018).

<sup>7</sup> *M.B., id.*; *C.R.*, Docket No. 19-1132 (issued October 1, 2020); *G.H.*, Docket No. 18-0414 (issued November 14, 2018).

<sup>8</sup> 5 U.S.C. § 8123(a).

<sup>9</sup> 20 C.F.R. § 10.321.

<sup>10</sup> See *M.B., supra* note 5; *J.P.*, Docket No. 23-0075 (issued March 26, 2023); *C.M.*, Docket No. 20-1647 (issued October 5, 2021); *James P. Roberts*, 31 ECAB 1010 (1980).

of muscular spasm. Dr. Kaan noted, however, that appellant exhibited symptom magnification signs with a positive Waddell's test. He concluded that appellant's work-related condition had resolved, but that she was not able to return to her letter carrier position due to her nonaccepted degenerative spondylolisthesis. Dr. Kaan explained with medical rationale that appellant had sustained a minor injury and there was no objective evidence that related appellant's current conditions or disability to the accepted work incident.

Dr. Kaan based his opinion on a proper factual and medical history and physical examination findings. He provided a well-rationalized opinion explaining that appellant's accepted employment-related conditions had resolved. Accordingly, the Board finds that Dr. Kaan's opinion constitutes the special weight of the medical opinion evidence and establishes that appellant no longer had employment-related disability or residuals, as of March 30, 2023, causally related to the accepted October 10, 2019 employment injury.<sup>11</sup>

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

Once OWCP properly terminates a claimant's compensation benefits, the burden shifts to appellant to establish continuing disability after that date causally related to the accepted injury.<sup>12</sup> To establish causal relationship between the condition as well as any attendant disability claimed and the employment injury, an employee must submit rationalized medical evidence based on a complete medical and factual background, supporting such causal relationship.<sup>13</sup>

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

The Board finds that appellant has not met her burden of proof to establish continuing disability or residuals on or after March 30, 2023, causally related to the accepted October 10, 2019 employment injury.

Subsequent to the March 30, 2023 termination decision, OWCP received reports dated September 19, 2023 through June 19, 2025 wherein Dr. Hodel found appellant totally disabled; however, beginning August 19, 2024 he related that she was capable of working modified work for six hours a day. He continued to diagnose work-related injury, lower back muscle, fascia, and tendon strain. However, Dr. Hodel did not explain with supporting medical rationale whether

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<sup>11</sup> See *D.G.*, Docket No. 19-1259 (issued January 29, 2020); see also *D.T.*, Docket No. 10-2258 (issued August 1, 2011); *Gloria J. Godfrey*, 52 ECAB 486 (2001).

<sup>12</sup> *R.R.*, Docket No. 25-0090 (issued January 31, 2025); *S.G.*, Docket No. 23-0652 (issued October 11, 2023); *V.W.*, Docket No. 20-0693 (issued June 2, 2021); *D.G.*, Docket No. 19-1259 (issued January 29, 2020); *S.M.*, Docket No. 18-0673 (issued January 25, 2019); *J.R.*, Docket No. 17-1352 (issued August 13, 2018); *Manuel Gill*, 52 ECAB 282 (2001).

<sup>13</sup> *Id.*

appellant had continuing residuals and disability causally related to the accepted October 10, 2019 employment injury.<sup>14</sup> Accordingly, this evidence is of limited probative value.<sup>15</sup>

OWCP also received a June 21, 2023 report from Dr. Lee who advised that he had not treated appellant for shoulder/back and spine disease during the period November 21, 2019 through June 14, 2023. Dr. Lee did not offer an opinion as to ongoing disability nor noted physical examination findings or diagnosis relative to the accepted lower back muscle, fascia and tendon strain. Accordingly, this evidence does not establish continuing disability or residuals on or after March 30, 2023 due to appellant's accepted October 10, 2019 employment injury.<sup>16</sup>

As the medical evidence of record is insufficient to establish continuing disability or residuals on or after March 30, 2023 causally related to appellant's accepted October 10, 2019 employment injury, the Board finds that she has not met her burden of proof.<sup>17</sup>

### **LEGAL PRECEDENT – ISSUE 3**

When an employee claims that a condition not accepted or approved by OWCP was due to an employment injury, he or she bears the burden of proof to establish that the condition is causally related to the employment injury.<sup>18</sup>

To establish causal relationship between a specific condition, as well as any attendant disability claimed, and the employment injury, an employee must submit rationalized medical evidence.<sup>19</sup> 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 diagnosed condition and the specific employment factors identified by the claimant.<sup>20</sup>

Section 8123(a) of FECA provides that, if there is disagreement between the physician making the examination for the United States and the physician of the employee, the Secretary

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<sup>14</sup> See *D.G.*, Docket No. 25-0703 (issued August 28, 2025); *E.H.*, Docket No. 23-0503 (issued July 20, 2023); *L.S.*, Docket No. 19-0959 (issued September 24, 2019); *J.F.*, Docket No. 17-1716 (issued March 1, 2018).

<sup>15</sup> *D.G.*, *id.*; *L.L.*, Docket No. 24-0887 (issued November 21, 2024).

<sup>16</sup> *S.G.*, Docket No. 23-0652 (issued October 11, 2023); *V.W.*, Docket No. 20-0693 (issued June 2, 2021); *D.G.*, Docket No. 19-1259 (issued January 29, 2020); *S.M.*, Docket No. 18-0673 (issued January 25, 2019); *J.R.*, Docket No. 17-1352 (issued August 13, 2018); *Manuel Gill*, 52 ECAB 282 (2001).

<sup>17</sup> *R.R.*, *supra* note 12; *C.L.*, Docket No. 23-0012 (issued April 26, 2024); *P.H.*, Docket No. 21-1072 (issued May 18, 2022); *R.C.*, Docket No. 19-0376 (issued July 15, 2019).

<sup>18</sup> *R.R.*, *id.*; *M.M.*, Docket No. 19-0951 (issued October 24, 2019); *Jaja K. Asaramo*, 55 ECAB 200 (2004).

<sup>19</sup> See *V.A.*, Docket No. 21-1023 (issued March 6, 2023); *M.W.*, 57 ECAB 710 (2006); *John D. Jackson*, 55 ECAB 465 (2004).

<sup>20</sup> *R.R.*, *supra* note 12; *E.P.*, Docket No. 20-0272 (issued December 19, 2022); *I.J.*, 59 ECAB 408 (2008).

shall appoint a third physician who shall make an examination.<sup>21</sup> This is called a referee examination and OWCP will select a physician who is qualified in the appropriate specialty and who has no prior connection with the case. In situations where there exist opposing medical reports of virtually equal weight and rationale and the case is referred to an IME for the purpose of resolving the conflict, the opinion of such specialist, if sufficiently well-rationalized and based upon a proper factual background, must be given special weight.<sup>22</sup>

### **ANALYSIS -- ISSUE 3**

The Board finds that appellant has not met her burden of proof to expand the acceptance of her claim to include additional L4-5 spinal stenosis, lumbar radiculopathy, and lumbar spondylolisthesis conditions as causally related to, or consequential to, the accepted October 10, 2019 employment injury.

In progress notes dated August 10, 2021, Dr. Hoshide diagnosed L4-5 degenerative disc disease with spondylolisthesis and bilateral lower extremity radiculopathies. As explained above, OWCP properly found a conflict and referred appellant to Dr. Kaan for an impartial medical examination. Dr. Kaan, in his February 21, 2023 report, opined that appellant's degenerative lumbar disc disease was attributable to "heredity" and age and unrelated to her accepted employment injury. In support of this conclusion, he explained that she sustained a minor work injury and the diagnosed degenerative spondylolisthesis and spinal stenosis occurred about two years after the October 10, 2019 injury.

Dr. Kaan based his opinion on the updated SOAF, a proper factual and medical history, physical examination findings, and the diagnostic testing of record. He performed a thorough clinical examination and provided detailed findings. Dr. Kaan provided medical rationale for his opinion as to why appellant's L4-5 spinal stenosis, lumbar radiculopathy, and lumbar spondylolisthesis were not causally related to, or consequential to, the accepted October 10, 2019 employment injury. The Board therefore finds that Dr. Kaan's opinion is entitled to the special weight of the medical evidence.<sup>23</sup>

Appellant submitted reports dated September 19, 2023 through June 19, 2025 from Dr. Hodel who diagnosed L4-5 spinal stenosis, which he attributed to her employment injury. Also submitted was an August 21, 2023 note, wherein Dr. Murray diagnosed L4-5 disc degeneration and lumbar spine stenosis, which he attributed to overuse and lifting at work. These reports, however, are of limited probative value as they fail to provide sufficient medical rationale explaining how the diagnosed additional lumbar conditions were causally related to, or consequential to, her accepted employment injury. These reports did not provide a sufficiently rationalized medical explanation as to how the additional lumbar conditions were physiologically

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<sup>21</sup> 5 U.S.C. § 8123(a). See *D.M.*, Docket No. 25-0317 (issued April 15, 2025); *R.C.*, Docket No. 18-0463 (issued February 7, 2020); see also *G.B.*, Docket No. 16-0996 (issued September 14, 2016).

<sup>22</sup> 20 C.F.R. § 10.321. See also *D.M.*, *id.*; *J.H.*, Docket No. 22-0981 (issued October 30, 2023); *N.D.*, Docket No. 21-1134 (issued July 13, 2022); *Darlene R. Kennedy*, 57 ECAB 414 (2006); *Gloria J. Godfrey*, 52 ECAB 486 (2001); *James P. Roberts*, 31 ECAB 1010 (1980).

<sup>23</sup> *A.P.*, Docket No. 24-0170 (issued March 26, 2024); *M.G.*, Docket No. 23-0674 (issued October 3, 2023).

caused or aggravated by the accepted October 10, 2019 employment injury. The Board has held that medical evidence that does not offer a well-rationalized explanation by the physician of how the specific employment injury physiologically caused or aggravated the diagnosed condition(s) is of limited probative value.<sup>24</sup> Therefore, this evidence is insufficient to establish appellant's expansion claim. Accordingly, the Board finds that the opinions of Dr. Hodel and Dr. Murray are insufficient to overcome the special weight of the medical evidence accorded to Dr. Kaan,<sup>25</sup> or to create a conflict in medical opinion with Dr. Kaan with regard to the issue of expansion.<sup>26</sup>

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 OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective March 30, 2023, as she no longer had disability or residuals causally related to her accepted October 10, 2019 employment injury. The Board further finds that appellant has not met her burden of proof to establish continuing disability or residuals causally related to her accepted October 10, 2019 employment injury on or after March 30, 2023. The Board also finds that appellant has not met her burden of proof to expand the acceptance of her claim to include additional L4-5 spinal stenosis, lumbar radiculopathy, and lumbar spondylolisthesis conditions as causally related to, or consequential to, the accepted October 10, 2019 employment injury.

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<sup>24</sup> See *S.B.*, Docket No. 25-0839 (issued January 21, 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).

<sup>25</sup> See *M.M.*, Docket No. 25-0870 (issued December 18, 2025); *L.K.*, Docket No. 20-0443 (issued August 8, 2023).

<sup>26</sup> See *M.M.*, *id.*; *A.B.*, Docket No. 25-0504 (issued June 20, 2025); *S.G.*, Docket No. 23-0652 (issued October 11, 2023).

**ORDER**

**IT IS HEREBY ORDERED THAT** the decision of the Office of Workers' Compensation Programs dated July 16, 2025 is affirmed.

Issued: May 1, 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