



## **FACTUAL HISTORY**

On September 11, 2023 appellant, then a 52-year-old vocational rehabilitation counselor, filed a traumatic injury claim (Form CA-1) alleging that on August 28, 2023 she sustained a lumbosacral spine injury when she jarred her spine by sitting down in a chair at a lower level than she expected while in the performance of duty. She explained that the height adjustment function of the chair was defective and that, prior to sitting down, the seat height repositioned to a lower level without her realizing it. Appellant initially did not stop work.

Appellant stopped work on January 8, 2024 and, on April 27, 2024, she filed a notice of recurrence (Form CA-2a). She alleged that on January 8, 2024 she sustained a recurrence of disability of the original injury of August 28, 2023.

On April 28, 2024 Dr. Christopher Zarro, a Board-certified orthopedic surgeon, performed laminectomy at L4-5. The surgery was not authorized by OWCP.

In a May 6, 2024 development letter, OWCP notified appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence needed and provided a questionnaire for her completion. OWCP afforded appellant 60 days to respond. No response was received.

In a May 31, 2024 letter, the employing establishment controverted appellant's claim.

In a follow-up June 5, 2024 letter, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish her claim. It noted that she had 60 days from the May 6, 2024 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. No response was received.

By decision dated July 11, 2024, OWCP accepted that appellant had established the occurrence of the August 28, 2023 employment incident, as alleged. However, it denied her claim, finding that she had not submitted medical evidence containing a medical diagnosis in connection with the accepted August 28, 2023 employment incident. OWCP, therefore, found that appellant had not met the requirements for establishing an injury as defined by FECA.

On July 30, 2024 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

OWCP subsequently received medical evidence, including a September 20, 2024 magnetic resonance imaging (MRI) scan of the right shoulder which demonstrated tendinosis and tenosynovitis. In a September 22, 2023 report, Dr. Zarro reported examination findings and diagnosed cervical radiculopathy and left shoulder joint pain. A September 29, 2023 MRI scan of the left shoulder demonstrated degenerative changes, tendinosis, and tenosynovitis. In a February 16, 2024 report, Dr. Zarro diagnosed lumbar radiculopathy. An April 25, 2024 lumbar spine MRI scan demonstrated degenerative changes at L3-4 through L5-S1. April 26, 2024 chest x-rays contained an impression of no acute pulmonary findings. In a June 13, 2024 report, Dr. Guha Venkatraman, a Board-certified neurologist, diagnosed cervical and lumbar radiculopathies, and migraine with aura. An August 7, 2024 lumbar spine MRI scan demonstrated degenerative changes at L1-2 through L5-S1.

On November 1, 2024 OWCP received an undated statement wherein appellant further discussed the August 28, 2023 employment incident.

A hearing was held on November 1, 2024.

OWCP subsequently received additional evidence, including numerous documents detailing appellant's medical treatment in 2023 and 2024. The document submission included unsigned documents. Appellant also submitted notes by physician assistants, including Ashley Gandhi, Michael Desch, Nathalie Domanski, and Stacy Chapnek; nurse practitioners, including Michelle Oliver; registered nurses, including Stephen Fusco, Trang Nguyen, and Charles Ansong; and physical therapists, including Sarah Caldwell, Debra Pelegri, and Stephanie DeSousa.

Appellant also submitted reports of diagnostic testing, including March 17, 2024 lumbar spine x-rays; an April 25, 2024 brain scan; February 11 and April 26, 2024 lumbar spine MRI scans; an April 7, 2024 cervical spine MRI scan; and a September 5, 2024 electromyogram/nerve conduction velocity (EMG/NCV) study of the lower extremities.

In a March 18, 2024 note, Dr. Neena Gupta, a Board-certified emergency medicine physician, discussed appellant's vital signs. In March 19 and April 21, 2024 notes, Dr. Stephen W. Law, an osteopath and Board-certified emergency medicine physician, discussed physical examination findings. In an April 25, 2024 note, Dr. Baher Yanni, Board-certified in pain management and anesthesiology, diagnosed lumbar radiculopathy and post-laminectomy syndrome. In April 26 and 29, 2024 notes, Dr. Stephanie Huang, a Board-certified emergency medicine physician, noted her reviews of appellant's systems on those dates. In an April 26, 2024 note, Dr. Krupa P. Gandhi, a Board-certified internist, advised that appellant had a history of fibromyalgia and chronic back pain. In an April 28, 2024 note, Dr. Khosro Dibadj, a Board-certified anesthesiologist, discussed appellant's vital signs. In a May 1, 2024 note, Dr. Shyamala Garg, a Board-certified internist, discussed physical examination findings and reviewed laboratory reports. In a June 5, 2024 note, Dr. Yanni diagnosed lumbar radiculopathy, post-laminectomy syndrome, and pain disorder with related psychological factors.

On January 13, 2025 OWCP received a November 27, 2024 note wherein Dr. Zarro discussed the treatment of appellant's low back problems since 2021. Dr. Zarro indicated that her most recent physical examination on August 5, 2024 documented right lower extremity weakness, ambulation with the use of a cane, and burning sensation in the feet. He noted that appellant had spinal stenosis, history of right-sided hemiparesis with some residual symptoms, and weakness affecting the right lower extremity. Dr. Zarro advised that she had permanent difficulty with prolonged sitting or standing in any one position which made it difficult for her to work.

By decision dated January 15, 2025, OWCP's hearing representative modified the July 11, 2024 decision to find that appellant had established the occurrence of the August 28, 2023 employment incident, and that the medical evidence contained medical diagnoses in connection with the accepted August 28, 2023 employment incident. However, the claim remained denied as appellant had not submitted medical evidence establishing causal

relationship between the claimed medical conditions and the accepted August 28, 2023 employment incident.<sup>3</sup>

On March 6, 2025 appellant, through counsel, requested reconsideration of the January 15, 2025 decision.

In support of her reconsideration request, appellant submitted a February 20, 2025 report wherein Dr. Yanni indicated that she reported back pain and opined that the diagnosis of L3-4 disc bulge was causally related to the January 8, 2024 employment incident. He further opined that the diagnoses of preexisting cervical degenerative disc disease, preexisting thoracic degenerative disc disease, and preexisting lumbar degenerative disc disease were exacerbated by the January 8, 2024 employment incident. Dr. Yanni indicated that appellant had preexisting cervical, thoracic, and lumbar spine conditions before the injuries that occurred on August 28, 2023 and January 8, 2024, noting that the symptoms from these conditions were exacerbated after the first injury on August 28, 2023 and “then notably further” after the second injury on January 8, 2024. He stated, “I would apportion approximately 20 percent of the patient’s cervical thoracic lumbar spine disabilities to the [August 28, 2023] injury and 80 percent to the [January 8, 2024] injury.” Dr. Yanni opined that the multiple injuries sustained by appellant “arose from the mechanism of injury from the work injuries” that occurred on August 28, 2023 and January 8, 2024. He advised that he had reviewed her medical records, including diagnostic testing findings, and found that she has “the above diagnoses due to work injuries which are chronic and permanent in nature.”

By decision dated August 27, 2025, OWCP denied modification of the January 15, 2025 decision.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA 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 within the applicable time limitation period of FECA, 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.<sup>4</sup> These are the essential elements of each and every compensation claim, regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.<sup>5</sup>

To determine if an employee has sustained a traumatic injury in the performance of duty, OWCP begins with an analysis of whether fact of injury has been established. Fact of injury

---

<sup>3</sup> The Board notes that the hearing representative also found that appellant had established a January 8, 2024 employment incident. However, to the extent that the hearing representative is referencing a separate employment incident, OWCP should adjudicate the January 8, 2024 incident as a new traumatic injury claim.

<sup>4</sup> *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

<sup>5</sup> *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett*, 41 ECAB 992 (1990).

consists of two components that must be considered in conjunction with one another. The first component is whether the employee actually experienced the employment incident that allegedly occurred at the time and place, and in the manner alleged.<sup>6</sup> The second component is whether the employment incident caused an injury.<sup>7</sup>

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue. The opinion of the physician must be based on a complete factual and medical background, 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.<sup>8</sup> Neither the mere fact that a disease or condition manifests itself during a period of employment, nor the belief that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship.<sup>9</sup>

### ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted August 28, 2023 employment incident.

Appellant submitted a February 20, 2025 report wherein Dr. Yanni indicated that appellant had preexisting cervical, thoracic, and lumbar spine conditions before the injuries that occurred on August 28, 2023 and January 8, 2024, noting that the symptoms from these conditions were exacerbated after the first injury on August 28, 2023 and “then notably further” after the second injury on January 8, 2024. Dr. Yanni stated, “I would apportion approximately 20 percent of the patient’s cervical thoracic lumbar spine disabilities to the [August 28, 2023] injury and 80 percent to the [January 8, 2024] injury.” He opined that the multiple injuries sustained by appellant “arose from the mechanism of injury from the work injuries” that occurred on August 28, 2023 and January 8, 2024. Dr. Yanni advised that he had reviewed her medical records, including diagnostic testing findings, and found that she has “the above diagnoses due to work injuries which are chronic and permanent in nature.” The Board finds, however, that Dr. Yanni’s February 20, 2025 report does not contain adequate medical rationale in support of his opinion that appellant’s diagnosed conditions were causally related to the accepted August 28, 2023 employment incident. Dr. Yanni did not describe the August 28, 2023 employment incident in any detail or explain how it was competent to have caused or aggravated the diagnosed conditions. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how an employment incident/activity could have caused or aggravated a medical condition.<sup>10</sup> Therefore, this evidence is insufficient to establish appellant’s claim.

---

<sup>6</sup> *B.P.*, Docket No. 16-1549 (issued January 18, 2017); *Elaine Pendleton*, 40 ECAB 1143 (1989).

<sup>7</sup> *M.H.*, Docket No. 18-1737 (issued March 13, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

<sup>8</sup> *S.S.*, Docket No. 18-1488 (issued March 11, 2019).

<sup>9</sup> *J.L.*, Docket No. 18-1804 (issued April 12, 2019).

<sup>10</sup> *See Y.D.*, Docket No. 16-1896 (issued February 10, 2017).

In a September 22, 2023 report, Dr. Zarro reported physical examination findings and diagnosed cervical radiculopathy and left shoulder joint pain. In a February 16, 2024 report, he diagnosed lumbar radiculopathy. In a June 13, 2024 report, Dr. Venkatraman diagnosed cervical and lumbar radiculopathies, and migraine with aura. In a March 18, 2024 note, Dr. Gupta discussed appellant's vital signs. In March 19 and April 21, 2024 notes, Dr. Law discussed physical examination findings. In an April 25, 2024 note, Dr. Yanni diagnosed lumbar radiculopathy and post-laminectomy syndrome. In April 26 and 29, 2024 notes, Dr. Huang noted her reviews of appellant's systems on those dates. In an April 26, 2024 note, Dr. Gandhi advised that appellant had a history of fibromyalgia and chronic back pain. In an April 28, 2024 note, Dr. Dibadj discussed appellant's vital signs. In a May 1, 2024 note, Dr. Garg discussed physical examination findings and reviewed laboratory reports. In a June 5, 2024 note, Dr. Yanni diagnosed lumbar radiculopathy, post-laminectomy syndrome, and pain disorder with related psychological factors. In a November 27, 2024 letter, Dr. Zarro noted that appellant had spinal stenosis, history of right-sided hemiparesis with some residual symptoms, and weakness affecting the right lower extremity. None of these reports, however, contain an opinion that appellant sustained a medical condition causally related to the accepted August 28, 2023 employment incident. 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.<sup>11</sup> Therefore, this evidence is insufficient to establish appellant's claim.

Appellant also submitted reports of diagnostic testing. However, diagnostic studies, standing alone, lack probative value on causal relationship as they do not address whether employment factors caused the diagnosed condition.<sup>12</sup>

Appellant submitted reports/notes by physician assistants, nurse practitioners, registered nurses, and physical therapists. However, certain healthcare providers such as physician assistants, nurses, and physical and occupational therapists are not considered physicians as defined under FECA.<sup>13</sup> Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits.<sup>14</sup> Therefore, this evidence is insufficient to establish appellant's claim.

Appellant submitted unsigned documents detailing her medical treatment in 2023 and 2024. The Board has held that unsigned reports and reports that bear illegible signatures lack proper identification and cannot be considered probative medical evidence as the author cannot

---

<sup>11</sup> See *F.S.*, Docket No. 23-0112 (issued April 26, 2023); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

<sup>12</sup> *C.S.*, Docket No. 19-1279 (issued December 30, 2019).

<sup>13</sup> Section 8101(2) provides that physician includes 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); *David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006) (lay individuals such as physician assistants, nurses, and physical therapists are not competent to render a medical opinion under FECA); see also *T.S.*, Docket No. 19-0056 (issued July 1, 2019) (physician assistants are not considered physicians under FECA); *G.R.*, Docket No. 25-0540 (issued June 26, 2025) (physical therapists are not considered physicians under FECA).

<sup>14</sup> See *id.*

be identified as a physician.<sup>15</sup> Thus, this evidence is of no probative value and is insufficient to establish appellant's claim.

As the medical evidence of record is insufficient to establish causal relationship between appellant's diagnosed conditions and the accepted August 28, 2023 employment incident, the Board finds that she 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 August 28, 2023 employment incident.

**ORDER**

**IT IS HEREBY ORDERED THAT** the August 27, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: May 26, 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

---

<sup>15</sup> See *B.S.*, Docket No. 22-0918 (issued August 29, 2022); *S.D.*, Docket No. 21-0292 (issued June 29, 2021); *C.B.*, Docket No. 09-2027 (issued May 12, 2010); *Merton J. Sills*, 39 ECAB 572, 575 (1988).