

ISSUE

The issue is whether appellant has met his burden of proof to establish a medical condition causally related to the accepted factors of his federal employment.

FACTUAL HISTORY

On September 7, 2024 appellant, then a 33-year-old city carrier assistant, filed an occupational disease claim (Form CA-2) alleging that he developed a back condition due to factors of his federal employment, including working long hours in an environment where he was pushed to do more, causing a return of his back pain. He explained that he initially broke his back more than a decade prior, but had fully recovered and been cleared for work before he began experiencing constant pain as a result of his employment duties. Appellant noted that he first became aware of his condition and realized its relation to his federal employment on July 1, 2024. He did not stop work.

In a September 12, 2024 development letter, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence required and provided a questionnaire for his completion. OWCP afforded appellant 60 days to submit the necessary evidence.

In a letter dated September 13, 2024, the employing establishment controverted appellant's claim asserting that he had a preexisting back injury and failed to establish the factual and medical component required to establish causal relationship in the claim.

In support of his claim, appellant submitted an October 4, 2024 report, wherein Dr. Eric Smith, Board-certified in occupational medicine, noted his evaluation of appellant for mid back pain radiating up to his cervical spine and down to his lumbar spine. He provided examination findings, diagnosed lumbosacral strain (relatively moderate), and recommended a course of physical therapy.

In duty status reports (Form CA-17) dated October 4 and 17, 2024, Dr. Smith documented appellant's work restrictions and work status for his moderate lumbosacral strain condition. He noted that appellant recommended physical therapy.

In a follow-up letter dated October 22, 2024, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish his claim. It noted that he had 60 days from the September 12, 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.

Appellant subsequently submitted an October 17, 2024 report wherein Dr. Smith related appellant's complaints of low back pain radiating to his right foot. Dr. Smith documented examination findings, referred appellant for a magnetic resonance imaging (MRI) scan of the lumbar spine, and restricted him from returning to work.

In CA-17 forms dated October 17 and November 1, 2024, Dr. Smith restricted appellant from returning to work as a result of his diagnosed conditions.

By decision dated November 13, 2024, OWCP denied appellant's occupational disease claim, finding that he had not established the implicated factors of his federal employment. Consequently, it found that he had not met the requirements to establish an injury as defined by FECA.

OWCP subsequently received reports dated November 1, 2024, wherein Dr. Smith noted that appellant recently became a patient after developing mid to low back pain, worsening into right-sided sciatica. Appellant was treated with a nine-day prednisone taper, which initially improved symptoms, but the sciatica returned. Dr. Smith opined that this appeared to be a discogenic issue requiring an MRI scan of the lumbar spine. He diagnosed discogenic low back pain, opined that the condition was work related, and reported that appellant was unable to work due to activity limitations. Dr. Smith noted a history of a prior sacroiliac (SI) joint problem over a decade prior, but appellant had been working for the employing establishment without issue since the beginning of 2024 until this injury occurred in July 2024. He explained that appellant's prolonged work hours with bending, twisting, and lifting contributed to his current condition.

Appellant continued to submit medical reports and CA-17 forms dated January 31 through March 28, 2025 wherein Dr. Smith documented treatment of appellant's lumbar condition.

In a March 31, 2025 report, Dr. Carlton K. McQueen, Board-certified in anesthesiology and pain medicine, evaluated appellant for back pain and discussed the findings of his January 27, 2025 MRI scan of the lumbar spine. He noted a small central protrusion at L5-S1 and administered an epidural steroid injection.

On December 5, 2024, appellant requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

On February 21, 2025, appellant, through counsel, requested a review of the written record by a representative of OWCP's Branch of Hearings and Review in lieu of an oral hearing.

By decision dated April 17, 2025, OWCP's hearing representative affirmed the November 13, 2024 decision.

Appellant continued to submit reports and CA-17 forms dated May 2 through June 9, 2025 from Dr. Smith, documenting treatment of appellant's condition.

On July 2, 2025, appellant, through counsel, requested reconsideration.

In a July 11, 2025 report, Dr. Smith documented examination findings, diagnosed degenerative joint disease/degenerative disc disease of the low back with bilateral sciatic discomfort, and restricted appellant from returning to work.

By decision dated September 30, 2025, OWCP modified its November 13, 2024 decision to find that appellant had established the implicated factors of his federal employment. However, it found that the claim remained denied because the medical evidence of record was insufficient to establish causal relationship between his claimed condition and the accepted factors of his federal employment.

In an October 16, 2025 report, Dr. Smith evaluated appellant and diagnosed chronic, smoldering discogenic low back pain, with sciatic symptoms on the right.

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

In support thereof, counsel submitted a February 6, 2025 medical report, wherein Dr. Smith noted that on January 31, 2025 appellant had a clinical presentation consistent with discogenic low back pain. He reported that appellant was unable to physically perform his employment duties and was currently restricted from returning to work. Dr. Smith discussed objective examination findings, including positive straight leg raising on the right, sciatic symptomatology on the right leg, and decreased range of motion of the low back. He opined that appellant's employment duties, involving awkward positions, prolonged sitting, bending, stooping, and heavy lifting, all contributed to appellant developing low back discomfort with sciatic complaints which related to the discogenic process of his low back. While appellant may have had a predisposition toward discogenic low back problems, Dr. Smith opined that appellant's employment duties led to his current condition due to the physical stressors involved.

By decision dated November 20, 2025, OWCP denied modification of the September 30, 2025 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA⁴ has the burden of proof to establish the essential elements of his or her claim, including 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 of FECA,⁵ 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.⁶ 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.⁷

To establish that an injury was sustained in the performance of duty in an occupational disease claim, an employee must submit the following: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.⁸

⁴ *Supra* note 2.

⁵ *E.K.*, Docket No. 22-1130 (issued December 30, 2022); *F.H.*, Docket No. 18-0869 (issued January 29, 2020); *J.P.*, Docket No. 19-0129 (issued April 26, 2019); *Joe D. Cameron*, 41 ECAB 153 (1989).

⁶ *S.H.*, Docket No. 22-0391 (issued June 29, 2022); *L.C.*, Docket No. 19-1301 (issued January 29, 2020); *J.H.*, Docket No. 18-1637 (issued January 29, 2020); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁷ *E.H.*, Docket No. 22-0401 (issued June 29, 2022); *P.A.*, Docket No. 18-0559 (issued January 29, 2020); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *Delores C. Ellyett*, 41 ECAB 992 (1990).

⁸ *R.G.*, Docket No. 19-0233 (issued July 16, 2019); *see also Roy L. Humphrey*, 57 ECAB 238, 241 (2005); *Ruby I. Fish*, 46 ECAB 276, 279 (1994); *Victor J. Woodhams*, 41 ECAB 345 (1989).

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.⁹ A physician's opinion on whether there is causal relationship between the diagnosed condition and the implicated employment factor(s) must be based on a complete factual and medical background.¹⁰ Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factor(s).¹¹

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a medical condition causally related to the accepted factors of his federal employment.

In reports dated November 1, 2024 and February 6, 2025, Dr. Smith noted a history of a prior SI problem over a decade prior which had resolved. He further noted that appellant had been working for the employing establishment since 2024 without issue until July 2024. Dr. Smith diagnosed discogenic low back pain and opined that the condition was work related due to appellant's prolonged work hours and employment duties, involving awkward positions, prolonged sitting, bending, stooping, and heavy lifting, all of which contributed to his current condition and development of low back discomfort with sciatic complaints which related to the discogenic process of his low back. Dr. Smith explained that, while appellant may have had a predisposition toward discogenic low back problems, his employment duties led to his current condition due to the physical stressors involved as he went years without any problems. While Dr. Smith offered an affirmative opinion in support of causal relationship, he did not provide sufficient rationale to support his opinion.¹² The Board has held that a report is of limited probative value regarding causal relationship if it does not contain sufficient medical rationale explaining how a given medical condition/disability was related to the employment factors.¹³ Furthermore, if a condition is preexisting, the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related condition and the preexisting condition.¹⁴ This evidence is, therefore, insufficient to establish the claim.

In support of his claim, appellant submitted reports dated October 4, 2024 through October 16, 2025, wherein Dr. Smith provided examination findings and diagnoses. However, he

⁹ *S.M.*, Docket No. 22-0075 (issued May 6, 2022); *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).

¹⁰ *M.V.*, Docket No. 18-0884 (issued December 28, 2018).

¹¹ *J.D.*, Docket No. 22-0935 (issued December 16, 2022); *T.L.*, Docket No. 18-0778 (issued January 22, 2020); *Y.S.*, Docket No. 18-0366 (issued January 22, 2020); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

¹² *See 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).

¹³ *See J.S.*, Docket No. 23-0930 (issued January 2, 2024); *D.Y.*, Docket No. 20-0112 (issued June 25, 2020); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹⁴ *See G.D.*, Docket No. 20-0966 (issued July 21, 2022); *R.C.*, Docket No. 19-0376 (issued July 15, 2019); Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (January 2013).

did not provide an opinion on causal relationship between appellant's medical conditions and the accepted factors of his federal employment. 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 on the issue of causal relationship.¹⁵ This evidence is, therefore, insufficient to establish appellant's claim.

Dr. Smith, in CA-17 forms dated October 4, 2024 through June 9, 2025, documented appellant's work restrictions and work status for his lumbar conditions. He did not, however, provide an opinion as to the cause of appellant's condition. 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 on the issue of causal relationship.¹⁶ Therefore, this evidence is insufficient to establish appellant's claim.

Similarly, in a March 31, 2025 report, Dr. McQueen noted his evaluation of appellant for back pain, and discussed the findings of his January 27, 2025 lumbar spine MRI scan which revealed a small central protrusion at L5-S1. He did not, however, offer an opinion regarding the cause of the diagnosed conditions. Medical evidence which does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.¹⁷ Dr. McQueen's March 31, 2025 report is, therefore, insufficient to establish appellant's claim.

Appellant also submitted diagnostic studies in support of his claim. The Board has held, however, that diagnostic studies, standing alone, lack probative value as they do not address whether the employment incident caused or aggravated any of the diagnosed conditions.¹⁸ This evidence is insufficient to meet appellant's burden of proof.

As the medical evidence of record is insufficient to establish causal relationship between a medical condition and the accepted factors of federal employment, 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 a medical condition causally related to the accepted factors of his federal employment.

¹⁵ See *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹⁶ *S.E.*, Docket No. 26-0036 (issued January 29, 2026); *D.C.*, Docket No. 19-1093 (issued June 25, 2020); see *L.B.*, *id.*; *D.K.*, *id.*

¹⁷ *A.P.*, Docket No. 18-1690 (issued December 12, 2019); *J.H.*, Docket No. 19-0383 (issued October 1, 2019); *L.B.*, *supra* note 15; *D.K.*, *supra* note 15.

¹⁸ *F.D.*, Docket No. 19-0932 (issued October 3, 2019).

ORDER

IT IS HEREBY ORDERED THAT the November 20, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: May 15, 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