United States Department of Labor
Employees' Compensation Appeals Board

A.S., Appellant	)	
and	)	**Docket No. 26-0586**
	)	**Issued: October 30, 2026**
DEPARTMENT OF HOMELAND SECURITY, IMMIGRATION AND CUSTOMS ENFORCEMENT, INVESTIGATIVE OPERATIONS, Sells, AZ, 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 June 11, 2026 appellant filed a timely appeal from a May 12, 2026 merit decision of the Office of Workers' Compensation Programs (OWCP).[1] Pursuant to the Federal Employees'

[1] Appellant submitted a timely request for oral argument before the Board. 20 C.F.R. § 501.5(b). Pursuant to the Board's *Rules of Procedure*, oral argument may be held in the discretion of the Board. 20 C.F.R. § 501.5(a). In support of his oral argument request, appellant requested that oral argument be granted so that he could further explain his contentions concerning the evaluation of medical evidence. The Board, in exercising its discretion, denies appellant's request for oral argument because this matter requires an evaluation of the evidence of record. Oral argument in this appeal would further delay issuance of a Board decision and not serve a useful purpose. As such, the oral argument request is denied, and this decision is based on the case record as submitted to the Board.

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 his burden of proof to establish a medical condition causally related to the accepted factors of his federal employment.

FACTUAL HISTORY

On February 4, 2026 appellant, then a 37-year-old criminal investigator, filed an occupational disease claim (Form CA-2) alleging that he sustained severe pain in his upper back, moderate neck pain, and moderate-to-severe weakness in his left arm, hand, and fingers due to factors of his federal employment, including driving a government-owned vehicle (GOV) for 25 hours over three days to reach his temporary-duty assignment in Minneapolis, MN. He noted that he first became aware of his condition and realized its relationship to his federal employment on January 27, 2026.

In an accompanying statement also dated February 4, 2026, appellant related that he was given three days to drive a GOV from Tucson, Arizona to Minneapolis, Minnesota. He began his journey on January 25, 2026 and arrived in the evening of January 27, 2026. Appellant asserted that, while driving, he developed neck and upper back pain. He noted that he drove for 11 to 12 hours on January 25, 2026, and for six to seven hours on January 26 and 27, 2026. When appellant arrived in Minneapolis, MN he experienced severe weakness and numbness in his left arm with loss of grip strength and finger dexterity. He sought medical treatment.

In a February 13, 2026 letter, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence needed to establish his claim and provided a questionnaire for his completion. OWCP afforded appellant 60 days to submit the necessary evidence. In a separate development letter of even date, it requested that the employing establishment provide additional information regarding his claim. OWCP afforded the employing establishment 30 days to respond.

OWCP subsequently received a February 12, 2026 report, wherein Dr. James Fenno, an employing establishment physician Board-certified in emergency medicine, described appellant's history of driving "for many hours with his left arm extended, holding the steering wheel." He noted that appellant developed pain and experienced decreased grip strength. Dr. Fenno diagnosed left arm nerve irritation of uncertain etiology.

[2] 5 U.S.C. § 8101 *et seq*.

[3] The Board notes that, following the May 12, 2026 decision, appellant submitted additional evidence to OWCP. 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 March 6, 2026 note, Dr. Adam Bevevino, a Board-certified orthopedic surgeon, related that appellant had a six-week history of left upper extremity weakness and cervical stiffness following prolonged driving. He found objective weakness in the left triceps and decreased left grip strength. Dr. Bevevino reviewed cervical x-ray studies which demonstrated advanced cervical disc degeneration at C5-6 and C6-7. He opined that the clinical presentation was consistent with cervical radiculopathy, "likely secondary to nerve irritation from the advanced degenerative changes." Dr. Bevevino attributed appellant's cervical degeneration to his history of martial arts and wrestling.

On March 13, 2026 appellant completed OWCP's development questionnaire, explaining that his symptoms began after the second of three consecutive days of driving.

On March 16, 2026 appellant underwent a cervical magnetic resonance imaging (MRI) scan, which demonstrated multilevel spondylosis.

In a follow-up letter dated April 14, 2026, 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 January 30, 2026 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.

OWCP subsequently received a March 26, 2026 attending physician's report (Form CA-20) wherein Dr. Bevevino diagnosed cervical radiculopathy, opined that the injury was "provoked by prolonged driving," and asserted that appellant had sustained an "acceleration of possible underlying chronic degeneration." He provided work restrictions.

On April 24, 2026 Dr. Bevevino diagnosed work-related left-sided cervical radiculopathy. He reviewed the March 16, 2026 cervical MRI scan and related that appellant developed left-sided cervical radiculopathy following a 25-hour work-related drive. Dr. Bevevino opined that appellant developed a work-related injury "with no prior history of cervical radiculopathy or neck problems." He completed a duty status report (Form CA-17) of even date diagnosing cervical radiculopathy with left arm weakness.

By decision dated May 12, 2026, OWCP denied the claim, finding that the medical evidence of record was insufficient to establish a medical condition causally related to the accepted factors of his federal employment.

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 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, 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

[4] *Supra* note 2.

employment injury.[5] 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.[6]

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit: (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 identified employment factors by the claimant.[7]

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.[8] 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 factors.[9] 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.[10]

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 March 26 and April 24, 2026 reports, Dr. Bevevino related that appellant had no prior history of cervical radiculopathy or neck problems, opined that the injury was provoked by prolonged driving and asserted that appellant had sustained an "acceleration of possible underlying chronic degeneration." While he provided affirmative opinions, which supported causal relationship, he did not offer rationalized medical explanations in these reports to support his opinion. Dr. Bevevino did not explain the physiological process through prolonged driving

[5] *K.A.*, Docket No. 23-0613 (issued April 22, 2024); *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

[6] *K.A., id.*; *B.H.*, Docket No. 20-0777 (issued October 21, 2020); *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).

[7] *K.A.*, *id.*; *S.H.*, Docket No. 22-0391 (issued June 29, 2022); *T.W.*, Docket No. 20-0767 (issued January 13, 2021); *L.D.*, Docket No. 19-1301 (issued January 29, 2020); *S.C.*, Docket No. 18-1242 (issued March 13, 2019).

[8] *D.S.*, Docket No. 21-1388 (issued May 12, 2022); *I.J.*, Docket No. 19-1343 (issued February 26, 2020); *T.H.*, 59 ECAB 388 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

[9] *D.S.*, *id.*; *D.J.*, Docket No. 19-1301 (issued January 29, 2020).

[10] *T.M.*, Docket No. 22-0220 (issued July 29, 2022); *S.S.*, Docket No. 18-1488 (issued March 11, 2019); *see also J.L.*, Docket No. 18-1804 (issued April 12, 2019).

would cause cervical radiculopathy and an acceleration of underlying chronic degeneration.[11] The Board has held that medical evidence should offer a medically-sound and rationalized explanation by the physician of how employment duties physiologically caused or aggravated the diagnosed conditions.[12] Therefore, this evidence is insufficient to establish the claim. On March 6, 2026 Dr. Bevevino diagnosed cervical radiculopathy and opined that this condition was likely secondary to nerve irritation from the advanced degenerative changes due to appellant's history of martial arts and wrestling. The Board has held that medical evidence that negates causal relationship is of no probative value.[13] As such, this evidence is insufficient to establish appellant's claim.

In an April 24, 2026 Form CA-17, Dr. Bevevino diagnosed cervical radiculopathy with left arm weakness. He did not, however, address 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 on the issue of causal relationship.[14] As such, this evidence is insufficient to establish appellant's claim.

In a February 12, 2026 note, Dr. Fenno described appellant's history of driving "for many hours with his left arm extended, holding the steering wheel." He diagnosed left arm nerve irritation of uncertain etiology. Dr. Fenno did not, however, provide an opinion on the cause of the diagnosed medical 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.[15] As such, this evidence is insufficient to establish appellant's claim.

The remaining medical evidence consists of diagnostic test results. The Board has held that diagnostic studies, standing alone, lack probative value as they do not address whether the employment factors caused any of the diagnosed conditions.[16] Such reports are therefore insufficient to establish appellant's claim.

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[11] *See T.A.*, Docket No. 25-0802 (issued December 11, 2025); *S.R.*, Docket No. 25-0326 (issued March 11, 2025); *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).

[12] *Id.*; *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).

[13] *See D.T.,* Docket No. 26-0189 (issued April 1, 2026); *M.H.*, Docket No. 25-0864 (issued January 5, 2026); *F.B.*, Docket No. 22-0679 (issued January 23, 2024); *see also M.J.*, Docket No. 05-577 (issued June 6, 2005).

[14] *See B.B.,* Docket No. 25-0661 (issued September 9, 2025); *L.B.,* Docket No. 25-0766 (issued September 5, 2025); *G.R.,* Docket No. 25-0540 (issued June 26, 2025); *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).

[15] *Id.*; *see also N.H.,* Docket No. 26-0494 (issued September 25, 2026); *G.M.*, Docket No. 24-0388 (issued May 28, 2024); *C.R.*, Docket No. 23-0330 (issued July 28, 2023); *K.K.*, Docket No. 22-0270 (issued February 14, 2023); *S.J.*, Docket No. 19-0696 (issued August 23, 2019); *M.C.*, Docket No. 18-0951 (issued January 7, 2019).

[16] *See C.B.*, Docket No. 25-0772 (issued December 15, 2025); *M.P.*, Docket No. 23-1131 (issued June 18, 2024); *V.A.*, Docket No. 21-1023 (issued March 6, 2023); *M.K.*, Docket No. 21-0520 (issued August 23, 2021); *F.D.*, Docket No. 19-0932 (issued October 3, 2019).

As the medical evidence of record is insufficient to establish a medical condition causally related to the accepted factors of federal employment, the Board finds that appellant has not met his burden of proof.[17]

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.

ORDER

IT IS HEREBY ORDERED THAT the May 12, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: October 30, 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

[17] *J.S.,* Docket No. 26-0583 (issued September 24, 2026); *E.M*., Docket No. 25-0572 (issued July 11, 2025); *I.D*., Docket No. 22-0848 (issued September 2, 2022); *T.G*., Docket No. 14-751 (issued October 20, 2014).