United States Department of Labor
Employees' Compensation Appeals Board

O.M., Appellant	)	
and	)	**Docket No. 26-0628**
	)	**Issued: October 19, 2026**
U.S. POSTAL SERVICE, BEDFORD PARK POST OFFICE, Bedford Park, IL, 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 27, 2026 appellant filed a timely appeal from a June 3, 2026 merit decision of the Office of Workers' Compensation Programs (OWCP).[1] Pursuant to the Federal Employees' 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.

[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 appellant's oral argument request, she asserted that oral argument should be granted because OWCP denied her claim without any "medical test backing." The Board, in exercising its discretion, denies appellant's request for oral argument because the arguments on appeal can adequately be addressed in a decision based on a review of the case 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.

[2] 5 U.S.C. § 8101 *et seq*.

ISSUE

The issue is whether appellant has met her burden of proof to establish a recurrence of total disability commencing July 24, 2021, causally related to her accepted June 5, 2020 employment injury.

FACTUAL HISTORY

On June 11, 2020 appellant, then a 41-year-old mail processing clerk, filed a traumatic injury claim (Form CA-1) alleging that, on June 5, 2020, she injured her skull/head when a shelf fell onto the top of her head while in the performance of duty. She stopped work on the date of the claimed injury. OWCP accepted the claim for scalp contusion and unspecified injury of the head.[3] It paid appellant wage-loss compensation on the supplemental rolls from July 21, 2020 through July 23, 2021.

On June 29, 2021 OWCP referred appellant, along with the medical record, a May 27, 2021 statement of accepted facts (SOAF), and a series of questions to Dr. Robert J. Mazo, a Board-certified neurologist, for a second opinion evaluation regarding the nature and extent of appellant's employment-related residuals and disability.

In a July 27, 2021 report, Dr. Mazo reviewed the May 27, 2021 SOAF and the medical record. He noted that when appellant was evaluated at the hospital on June 5, 2020, the neurological examination was within normal limits without focal deficits, the June 10, 2020 x-rays of the cervical, thoracic and lumbar spine revealed no fractures, and a June 6, 2020 computerized tomography (CT) scan was within normal limits. Dr. Mazo presented current examination findings and reported that appellant had a normal neurological examination. He further related that while she had minor complaints of neck and low back issues, these were not related to the June 5, 2020 employment injury. Based on the normal neurological examination, Dr. Mazo opined that the conditions related to the employment injury, contusion of the scalp and unspecified injury to the head, had completely resolved. He further opined that appellant could return to her date-of-injury position without restrictions.

Appellant filed claims for compensation (Form CA-7) for disability from work commencing July 24, 2021. In a letter dated June 3, 2024, OWCP advised appellant that while she had filed CA-7 forms claiming disability from work for the period July 24, 2021 through October 7, 2022, it had previously issued decisions denying the claims. It attached decisions dated January 12, March 23, and August 9, 2022.

On May 2, 2024 appellant filed an occupational disease claim (Form CA-2), claiming that she developed cervicogenic headaches, vertigo, dizziness, nausea, and blurred vision after she was hit on the head on June 5, 2020. On the reverse side of the claim form, the employing establishment noted that appellant was last exposed to conditions alleged to have caused her disease or illness on June 5, 2020, with her last day in pay status on July 20, 2020 due to irregular

[3] OWCP assigned the present claim OWCP File No. xxxxxx235.

attendance.[4] OWCP subsequently converted the claims for disability into a recurrence claim under the present claim, OWCP File No. xxxxxx235.

In a development letter dated August 14, 2024, OWCP notified appellant of the deficiencies of her recurrence claim. It advised her of the type of factual and medical evidence needed and provided a questionnaire for her completion. OWCP afforded appellant 30 days to respond.

In a May 24, 2021 report, Dr. Michael G. Purcell, a Board-certified emergency medicine specialist, noted appellant was seen for complaints of headaches and blurred vision following an injury when a metal tray hit her head one year prior. He presented examination findings and provided an impression of headaches, for which pain medication was prescribed. Dr. Purcell indicated that appellant likely had a concussion in the setting of the remote trauma to her head. He recommended a neurological evaluation, referral to a concussion clinic, and referral to her primary care provider due to her elevated blood pressure, which he opined could have caused her headaches.

In a March 15, 2022 report, Dr. Brian Fahey, a Board-certified neurologist, reported that two years ago, in June 2020, appellant had hit her head on a metal shelf while at work. Since then, she has had symptoms of headache, vertigo, and probably cognitive issues. Dr. Fahey provided examination findings and an assessment of cervicogenic head and vertigo. He opined that there was a distinct temporal relationship between appellant's symptoms and the head injury, noting that the symptoms fit a post-concussion syndrome.

On August 15, 2024 appellant responded to OWCP's development questionnaire, claiming that her recurrence was due to a worsening of her symptoms.

On August 16, 2024 OWCP again referred appellant and the medical record to Dr. Mazo for a second opinion evaluation regarding the nature and extent of appellant's employment-related residuals and disability.

In a September 17, 2024 report, Dr. Mazo reviewed the SOAF and the medical record. He noted that appellant had no neurological complaints when he first examined her on July 27, 2021. Currently, appellant complained of headaches with dizziness and nausea with some forgetfulness. Dr. Mazo provided examination findings indicating a normal neurologic examination. He related that appellant's subjective complaints did not correspond with the objective findings. Dr. Mazo noted that no diagnostic testing was completed and opined that there were no diagnoses causally connected to the work injury as there are no active residuals of the accepted conditions. He explained that during appellant's July 27, 2021 examination, she did not have a complaint of headaches and dizziness. Therefore, Dr. Mazo opined that those complaints, as well as her current complaints, were unrelated to the June 5, 2020 employment head injury. He additionally concluded that appellant did not suffer from active residuals of the accepted conditions as the

[4] OWCP assigned that claim OWCP File No. xxxxxx859. OWCP has not administratively combined appellant's claims.

complaints would have resolved after four years post-injury. Dr. Mazo opined that appellant was capable of performing her date-of-injury job.

By decision dated October 3, 2024, OWCP denied appellant's claim for a recurrence of disability commencing July 24, 2021, causally related to her accepted June 5, 2020 employment injury. It accorded the weight of the medical evidence to Dr. Mazo's report.

On October 3, 2024 appellant requested an oral hearing before a representative of OWCP's Branch of Hearings and Review. A hearing was held on January 16, 2025.

In July 26, 2022, July 20, 2023, and October 30, 2024 reports, Dr. Fahey continued to provide assessments of cervicogenic headache/migraine, post-concussion syndrome, and vertigo. He noted, in his July 26, 2022 report, that appellant had a chronic condition for which it was necessary to undergo treatment at least twice yearly. In his July 20, 2023 report, Dr. Fahey noted that appellant's headaches were controlled with prescription medication. In his October 30, 2024 report, he noted that appellant was seen for syncopal episodes which began earlier in the month with no obvious incident or cause. Dr. Fahey provided examination findings and an assessment of syncope, unspecified; cervicogenic migraine and paresthesia. He explained that appellant's attacks were provoked by standing from a squat and, although unusual, were considered a seizure. Dr. Fahey indicated that appellant's headaches were acceptably controlled without new features.

In June 20 and September 13, 2023 reports, Dr. Amythest Gauthier, a Board-certified family practitioner, noted appellant's headache complaints, diagnosed cervicogenic migraine, post-concussion syndrome, and vertigo. In his September 13, 2023 report, he explained that appellant's frequent headaches, irregular breathing patterns and lack of restful sleep were suggestive of sleep apnea. In a July 25, 2024 report, Dr. Gauthier noted that appellant was seen for a worsening headache.

A July 31, 2024 magnetic resonance imaging (MRI) scan of the brain found small foci of increased T2 signal within the deep and subcortical white matter of the bilateral frontal and right parietal lobs which may be incidental, but could be seen in association with migraine headaches; an October 10, 2024 CT angiogram brain scan found no intracranial aneurysm or arteriovenous malformation (AVM); and an October 10, 2024 cervical spine MRI scan found multilevel disc degeneration with mild disc height loss at C5-6.

By decision dated March 27, 2025, OWCP's hearing representative set aside OWCP's October 3, 2024 decision and remanded the case for further development as the medical evidence from appellant's treating physicians were suggestive of continuing residuals. The hearing representative directed OWCP to combine the claim under OWCP File No. xxxxxx859 with the current claim, provide an updated SOAF and all medical records to Dr. Mazo for his review and discussion of appellant's treatment between 2022 and 2024 and to provide a rationalized opinion of whether there was any evidence in the treatment reports that supported continuing residuals of the June 2020 employment injury or additional diagnoses as related to or arising from the employment incident. Following further development, OWCP was directed to issue a *de novo* decision regarding the claimed recurrence and entitlement to continuing wage-loss compensation benefits.

On April 9, 2025 OWCP provided Dr. Mazo with an April 9, 2025 updated SOAF, the medical record, and series of questions and requested that, based on the treatment reports between 2022 and 2024, he clarify his opinion as to whether appellant had continuing residuals of the June 5, 2020 employment injury or additional diagnoses as related to or arising from the June 5, 2020 employment injury.

In an April 19, 2025 addendum, Dr. Mazo noted his review of the April 9, 2025 SOAF and the medical record, including the newly received treatment reports between 2022 and 2024. He stated that appellant's complaints of chronic right hip pain, low back pain and depression were not related to her June 5, 2020 head injury. While appellant complained of continued headaches, Dr. Mazo noted that she did not have those complaints when he examined her on July 27, 2021. Therefore, he opined that there was no evidence in the newly received treatment reports which would support continuing residuals of the June 5, 2020 employment injury or additional diagnoses as related to or arising from the employment injury. Dr. Mazo concluded that her complaints as noted in the treatment records were unrelated to the June 5, 2020 employment injury.

By *de novo* decision dated July 9, 2025, OWCP denied appellant's claim for a recurrence of disability due to a material change/worsening of her accepted employment-related conditions. It accorded the weight of the medical evidence to Dr. Mazo's reports.

On August 6, 2025 appellant requested an oral hearing before a representative of OWCP's Branch of Hearings and Review. A hearing was held on April 28, 2026.

By decision dated June 3, 2026, OWCP's hearing representative affirmed the July 9, 2025 decision.

LEGAL PRECEDENT

A recurrence of disability is defined as "An inability to work after an employee has returned to work, caused by a spontaneous change in a medical condition which had resulted from a previous injury or illness without an intervening injury or new exposure to the work environment that caused the illness." This term also means an inability to work that takes place when a light-duty assignment made specifically to accommodate an employee's physical limitations due to his or her work-related injury or illness is withdrawn or when the physical requirements of such an assignment are altered so that they exceed his or her established physical limitations.[5]

An employee who claims a recurrence of disability due to an accepted employment-related injury has the burden of proof to establish by the weight of the substantial, reliable, and probative evidence that the disability for which he or she claims compensation is causally related to the accepted injury. This burden of proof requires that a claimant furnish medical evidence from a physician who, on the basis of a complete and accurate factual and medical history, concludes that, for each period of disability claimed, the disabling condition is causally related to the employment

[5] 20 C.F.R. 10.5(x); Federal (FECA) Procedure Manual, Part 2 -- Claims, *Recurrences*, at Chapter 2.1500.2b. (version 1.2, issued May 4, 2026); *see J.D.,* Docket No. 18-1533 (issued February 27, 2019).

injury, and supports that conclusion with medical reasoning.[6] Where no such rationale is present, the medical evidence is of diminished probative value.[7]

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a recurrence of total disability commencing July 24, 2021, causally related to her accepted June 5, 2020 employment injury.

In reports dated September 17, 2024 and April 19, 2025, Dr. Mazo, OWCP's second opinion physician, noted his review of the SOAF and medical record. He opined that appellant had no diagnoses causally connected to the June 5, 2020 injury and that the accepted conditions had resolved. Dr. Mazo noted that during her July 27, 2021 examination appellant had no complaints of headache, vertigo, or neurological complaints and she could return to her regular job. He stated that despite her complaints of neck, thoracic and lumbar spine issues, her x-rays were within normal limits. In his April 19, 2025 addendum, Dr. Mazo noted his review of the updated April 9, 2025 SOAF and the newly received treatment reports between 2022 and 2024. While appellant complained of continued headaches, he noted that she did not have those complaints when he examined her on July 27, 2021. Therefore, Dr. Mazo opined that there was no evidence in the newly received treatment reports which would support continuing residuals of the June 5, 2020 employment injury or additional diagnoses as related to or arising from the employment injury and, therefore, did not result in any disability for work as of July 24, 2021. Thus, he opined that based on his normal clinical findings, appellant had no active residuals and that she was medically capable of performing her date-of-injury position. The Board finds that Dr. Mazo based his opinion on a proper factual and medical history and appellant's physical examination findings. He provided sufficient medical rationale for his opinion that appellant did not have residual disability, causally related to the accepted employment injury. Accordingly, OWCP properly relied on Dr. Mazo's second opinion reports in denying appellant's recurrence claim as of July 24, 2021.[8]

In a May 24, 2021 report, Dr. Purcell noted that appellant was seen for complaints of headaches and blurred vision following an injury when a metal tray hit her head one year prior. He provided an impression of headaches, for which medication was prescribed. Dr. Purcell's opinion that appellant likely had a concussion in the setting of the remote trauma to her head was equivocal in nature. The Board has held that medical opinions that are speculative or equivocal in

[6] *K.S.,* Docket No. 26-0444 (issued August 10, 2026); *J.D., id.*; *C.C.,* Docket No. 18-0719 (issued November 9, 2018).

[7] *H.T.,* Docket No. 17-0209 (issued February 8, 2018).

[8] *L.D.,* Docket No. 24-0840 (issued March 6, 2025); *A.D.,* Docket No. 24-0770 (issued October 22, 2024); *M.H.,* Docket No. 22-1178 (issued April 25, 2023); *D.H.,* Docket No. 21-0102 (issued July 28, 2021).

nature are of limited probative value.[9] Therefore, this evidence is insufficient to establish appellant's recurrence claim.

OWCP received reports from Dr. Fahey dated March 15, 2022 through October 30, 2024. In his March 15, 2022 report, Dr. Fahey provided a history of appellant hitting her head on a metal shelf two years prior, with symptoms of headaches, vertigo and possible cognitive issues. He provided an assessment of vertigo and cervicogenic headaches, stating that there was a distinct temporal relationship between symptoms and the head injury and that the symptoms fit post-concussion syndrome. However, Dr. Fahey did not explain with sufficient rationale why appellant's accepted conditions had worsened such that she was disabled from work during the claimed periods. As Dr. Fahey's opinions were conclusory, they are insufficient to establish appellant's recurrence claim.[10]

In June 20 and September 13, 2023 reports, Dr. Gauthier noted appellant's headache complaints, diagnosed cervicogenic migraine, post-concussion syndrome, and vertigo. In his September 13, 2023 report, he explained that her frequent headaches, irregular breathing patterns and lack of restful sleep were suggestive of sleep apnea. In a July 25, 2024 report, Dr. Gauthier noted that appellant was seen for a worsening headache. However, he also did not explain with medical rationale that appellant's accepted conditions had worsened such that she was disabled from work after July 24. 2021. As such his reports are insufficient to establish appellant's claim.[11]

Appellant also submitted reports from an audiologist. However, the Board has held that certain healthcare providers, including audiologists, are not considered physicians as defined under FECA and, therefore, are not competent to provide a medical opinion.[12] Therefore, this evidence is insufficient to establish appellant's recurrence claim.

The remaining medical evidence of record consists of diagnostic studies. However, the Board has held that diagnostic studies, standing alone, lack probative value on the issue of causal relationship.[13]

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[9] *D.S.,* Docket No. 26-0377 (issued July 1, 2026); *J.W.,* Docket No. 26-0141 (issued April 24, 2026); *C.S.,* Docket No. 25-0705 (issued September 4, 2025); *B.O.,* Docket No. 25-0049 (issued January 10, 2025); *N.B.,* Docket No. 21-0710 (issued August 19, 2022).

[10] *See L.D.,* Docket No. 25-0721 (issued May 27, 2026); *B.B.,* Docket No. 25-0469 (issued June 4, 2025).

[11] *Id.*

[12] 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) (version 1.2 May 4, 2026); *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 R.D.*, Docket No. 26-0612 (issued September 18, 2026) (if an audiogram is prepared by an audiologist, it must be certified by a physician as accurate before it can be used to determine the percentage of hearing loss).

[13] *P.A.,* Docket No. 18-0559 (issued January 29, 2020); *A.P.,* Docket No. 18-1690 (issued December 12, 2019); *R.M.,* Docket No. 18-0976 (issued January 3, 2019).

As the medical evidence of record is insufficient to establish a recurrence of total disability commencing July 24, 2021, causally related to the accepted June 5, 2020 employment injury, the Board finds that appellant 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 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 recurrence of total disability commencing July 24, 2021, causally related to her accepted June 5, 2020 employment injury.

ORDER

IT IS HEREBY ORDERED THAT the June 3, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: October 19, 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