United States Department of Labor
Employees' Compensation Appeals Board

L.H., Appellant	)	
	)	
and	)	**Docket No. 26-0642**
	)	**Issued: October 2, 2026**
DEPARTMENT OF HEALTH & HUMAN SERVICES, CHINLE COMPREHENSIVE HEALTH CARE FACILITY, Chinle, AZ, Employer	)	

Appearances:
Appellant, pro se
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
ALEC J. KOROMILAS, Chief Judge
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On July 6, 2026 appellant filed a timely appeal from a March 3, 2026 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[1] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.[2]

[1] 5 U.S.C. § 8101 *et seq.*

[2] The Board notes that appellant submitted additional evidence to OWCP and on appeal to the Board. 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.*

ISSUES

The issues are: (1) whether OWCP has met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective June 5, 2025, as she no longer had disability or residuals causally related to the accepted May 13, 2017 employment injury; and (2) whether appellant has met her burden of proof to establish continuing disability and/or residuals, on or after June 5, 2025, causally related to the accepted May 13, 2017 employment injury.

FACTUAL HISTORY

On June 28, 2017 appellant, then a 56-year-old nurse, filed a traumatic injury claim (Form CA-1) alleging that on May 13, 2017 she sustained a lower back/right hip injury when she assisted coworkers in lowering a heavy patient from a bed to the floor while in the performance of duty. She stopped work on May 14, 2017, and returned to work on May 19, 2017. On August 17, 2027 OWCP accepted the claim for sprain of ligaments of the lumbar spine, and strain of muscle, fascia, and tendon of the lower back. It subsequently expanded the acceptance of the claim to include aggravation of spondylosis of the lumbar region without myelopathy or radiculopathy. Appellant returned to work and worked periodically for the employing establishment until she left on October 1, 2017. OWCP paid her compensation for disability from work on the supplemental rolls, effective August 31, 2017, and on the periodic rolls, effective November 12, 2017.[3]

In a September 7, 2023 report, Dr. Kirk Puttlitz, a Board-certified physiatrist, documented physical examination findings, noting that appellant complained of chronic low back pain and chronic lumbar radiculopathy which had worsened. The examination revealed that low back pain radiated into the right lateral thigh and calf, likely *via* the L5 and S1 nerve distributions. Dr. Puttlitz diagnosed lumbosacral radiculopathy and chronic pain.

In an attending physician's report (Form CA-20) dated September 7, 2023, Dr. Puttlitz listed May 13, 2017 as the date of injury, diagnosed lumbar radiculopathy, and checked a box marked "Yes" indicating that the diagnosed condition was caused by the May 13, 2017 employment injury. He opined that appellant was totally disabled from October 25, 2017 to the present.

On February 21, 2024 OWCP referred appellant, along with the medical record, a statement of accepted facts (SOAF), and a series of questions, to Dr. Timothy Pettingell, a Board-certified physiatrist, for a second opinion examination and an opinion on the nature and

[3] OWCP assigned the present claim OWCP File No. xxxxxx799. Under OWCP File No. xxxxxx116, OWCP accepted an April 3, 2001 traumatic injury for sprain of the rotator cuff of the left shoulder/upper arm, left shoulder bursitis, and left shoulder impingement. Under OWCP File No. xxxxxx416, appellant claimed a November 19, 2005 traumatic injury to the left shoulder and the right knee. Under OWCP File No. xxxxxx757, OWCP accepted a June 20, 2012 traumatic injury for sprain of the left shoulder/upper arm, left shoulder loose body, and right shoulder bursitis. It administratively combined OWCP File Nos. xxxxxx116, xxxxxx416, xxxxxx757, and xxxxxx799, with the latter serving as the master file.

extent of appellant's disability and residuals causally related to the accepted May 13, 2017 employment injury, and her work capacity.

In an April 1, 2024 report, Dr. Pettingell documented physical examination findings, noting that appellant had tenderness to palpation at the midline lumbosacral junction and positive straight leg raising on the right. He advised that she had multilevel lumbar degenerative disease from L2-3 through L5-S1. Dr. Pettingell opined that the work-related aggravation of spondylosis of the lumbar region was temporary and had resolved. He indicated that appellant was presently being treated for age-related lumbar degenerative disc disease, which was unrelated to the May 13, 2017 employment injury. In a work capacity evaluation (Form OWCP-5c) dated April 1, 2024, Dr. Pettingell recommended work restrictions, which he opined were necessitated by nonwork-related degenerative disc disease of the lumber spine.

On April 30, 2024 OWCP requested that Dr. Pettingell provide a supplemental report. In a supplemental report dated July 10, 2024, he opined that there was no objective evidence in the medical record that the May 13, 2017 employment injury permanently aggravated the lumbar degenerative disc disease. Dr. Pettingell noted that diagnostic testing obtained shortly after May 13, 2017 revealed longstanding lumbar degenerative disc disease. He provided an updated Form OWCP-5c dated July 9, 2024.

In an August 15, 2024 Form CA-20, Dr. Puttlitz diagnosed lumbar radiculopathy and lumbar facet pain. He opined that the incident when appellant was helping a patient at work contributed to the diagnosed conditions, noting that prior to the incident she did not have any low back pain. Dr. Puttlitz found that she was partially disabled. In a Form OWCP-5c of even date, he recommended work restrictions. In a September 24, 2024 report, he documented physical examination findings and diagnosed lumbosacral radiculopathy, low back pain, and lumbar facet joint pain. In a September 25, 2024 report, Dr. Puttlitz described his performance of a lumbar radiofrequency denervation procedure.

In October 2024 OWCP determined that there was a conflict in the medical opinion between Dr. Puttlitz and Dr. Pettingell on the issue of whether appellant continued to have residuals and/or disability causally related to her May 13, 2017 employment injury. In order to resolve the conflict, it referred appellant, along with the medical record, a SOAF, and a series of questions, to Dr. Jason G. Stewart, a Board-certified orthopedic surgeon, for an impartial medical examination and an opinion on the nature and extent of her disability and residuals causally related to the accepted May 13, 2017 employment injury.

In a November 25, 2024 report, Dr. Stewart documented physical examination findings, noting that appellant had limited range of lumbar spine motion, 4+/5 muscle strength with variability in effort, and no sensory deficits. Straight leg raising was indicative of mechanical back pain rather than radicular involvement. Dr. Stewart opined that the accepted May 13, 2017 employment injury exacerbated appellant's underlying degenerative lumbar changes on a temporary basis. He indicated that evaluations and diagnostic testing conducted subsequent to the May 13, 2017 employment injury consistently demonstrated that the degenerative changes predated the employment injury and progressed independently. Appellant's ongoing symptoms were consistent with age-related degenerative conditions rather than the employment injury, and her present symptoms were solely attributable to the natural progression of degenerative disease.

Dr. Stewart opined that the resolution of the acute injury by 2018 was supported by the absence of acute findings in follow-up diagnostic testing and physical examinations beyond that period. He further opined that the May 13, 2017 employment injury had fully resolved, and found that the need for ongoing treatment was related to preexisting degenerative disease, rather than the employment injury. In a November 25, 2024 Form OWCP-5c, Dr. Stewart provided work restrictions.

By notice dated February 21, 2025, OWCP advised appellant that it proposed to terminate her wage-loss compensation and medical benefits based on the opinion of Dr. Stewart, the impartial medical examiner (IME), because the accepted May 13, 2017 employment injury had ceased without disability or residuals. It afforded her 30 days to submit additional evidence or argument challenging the proposed termination. No response was received.

By decision dated June 5, 2025, OWCP terminated appellant's wage-loss compensation and medical benefits, effective that date. It found that Dr. Stewart's opinion constituted the special weight of the medical opinion evidence and established that appellant did not have disability or residuals, on or after June 5, 2025, causally related to the accepted May 13, 2017 employment injury.

On July 1, 2025 appellant requested a hearing before a representative of OWCP's Branch of Hearings and Review. An oral hearing was held on December 11, 2025.

Appellant subsequently submitted the results of a December 30, 2025 magnetic resonance imaging (MRI) scan of the lumber spine which revealed facet arthrosis and other changes at L2-3 through L5-S1.

Appellant also submitted a November 5, 2025 report wherein Candace Harper, a physician assistant, documented physical examination findings and diagnosed lumbar facet arthropathy and lumbar radiculopathy.

By decision dated March 3, 2026, OWCP's hearing representative affirmed the June 5, 2025 decision.

LEGAL PRECEDENT -- ISSUE 1

Once OWCP accepts a claim and pays compensation, it has the burden of proof to justify termination or modification of an employee's benefits.[4] After it has determined that, an employee has a disability causally related to his or her employment, OWCP may not terminate compensation without establishing that the disability has ceased or that it is no longer related to

[4] *See R.A.,* Docket No. 26-0062 (issued May 1, 2026); *Z.D.,* Docket No. 19-0662 (issued December 5, 2019); *see R.P.,* Docket No. 17-1133 (issued January 18, 2018); *S.F.,* 59 ECAB 642 (2008); *Kelly Y. Simpson,* 57 ECAB 197 (2005); *Paul L. Stewart,* 54 ECAB 824 (2003).

the employment.[5] Its burden of proof includes the necessity of furnishing rationalized medical opinion evidence based on a proper factual and medical background.[6]

The right to medical benefits for an accepted condition is not limited to the period of entitlement for disability.[7] To terminate authorization for medical treatment, OWCP must establish that appellant no longer has residuals of an employment-related condition, which would require further medical treatment.[8]

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."[9]

ANALYSIS -- ISSUE 1

The Board finds that OWCP has met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective June 5, 2025, as she no longer had disability or residuals causally related to the accepted May 13, 2017 employment injury.

OWCP determined that there was a conflict in the medical opinion between Dr. Puttlitz, appellant's attending physician, and Dr. Pettingell, the OWCP referral physician, on the issue of whether appellant continued to have disability and/or residuals of her accepted May 13, 2017 employment injury. In order to resolve the conflict, OWCP properly referred appellant, pursuant to section 8123(a) of FECA, to Dr. Stewart for an impartial medical examination and an opinion on the matter.[10]

In situations where there exist opposing medical reports of virtually equal weight and rationale and the case is referred to an impartial medical specialist 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.[11]

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[5] *See S.S.,* Docket No. 26-0526 (issued August 26, 2026); *Jason C. Armstrong,* 40 ECAB 907 (1989); *Charles E. Minnis,* 40 ECAB 708 (1989); *Vivien L. Minor,* 37 ECAB 541 (1986).

[6] *See P.T.,* Docket No. 21-0328 (issued May 2, 2022); *Del K. Rykert,* 40 ECAB 284, 295-96 (1988).

[7] *H.D.,* Docket No. 26-0438 (issued August 24, 2026); *T.P.,* 58 ECAB 524 (2007); *Kathryn E. Demarsh,* 56 ECAB 677 (2005); *A.P.,* Docket No. 08-1822 (issued August 5, 2009). *See also Furman G. Peake,* 41 ECAB 361, 364 (1990).

[8] *T.C.,* Docket No. 20-1163 (issued July 13, 2021); *James F. Weikel,* 54 ECAB 660 (2003); *Pamela K. Guesford,* 53 ECAB 727 (2002); *Furman G. Peake, id.*

[9] 5 U.S.C. § 8123(a).

[10] *See id*.

[11] *L.L.,* Docket No. 24-0332 (issued August 8, 2024); *Jack R. Smith*, 41 ECAB 691, 701 (1990); *James P. Roberts*, 31 ECAB 1010, 1021 (1980).

In a report dated November 25, 2025, Dr. Stewart opined that the accepted May 13, 2017 employment injury exacerbated appellant's underlying degenerative lumbar changes on a temporary basis. He indicated that evaluations and diagnostic testing conducted subsequent to the May 13, 2017 employment injury consistently demonstrated that the degenerative changes predated the employment injury and progressed independently. Appellant's ongoing symptoms were consistent with age-related degenerative conditions rather than the employment injury, and her present symptoms were solely attributable to the natural progression of degenerative disease. Dr. Stewart opined that the resolution of the acute injury by 2018 was supported by the absence of acute findings in follow-up diagnostic testing and physical examinations beyond that period. He further opined that the May 13, 2017 employment injury had fully resolved, and found that the need for ongoing treatment was related to preexisting degenerative disease, rather than the employment injury.

The Board has reviewed the opinion of Dr. Stewart and notes that it has reliability, probative value and convincing quality with respect to its conclusions regarding the relevant issue of the present case. Dr. Stewart's opinion provided a thorough factual and medical history and accurately summarized the relevant medical evidence.[12] Dr. Stewart provided medical rationale for his opinion by explaining that appellant ceased to have objective residuals of the May 13, 2017 employment injury and that her outstanding problems were related to nonwork-related lumbar degenerative disease.

The Board finds that the special weight of the medical evidence is represented by the thorough, well-rationalized opinion of Dr. Stewart, the IME, which found that appellant ceased to have disability or residuals on or after June 5, 2025 causally related to her accepted May 13, 2017 employment injury.

Therefore, OWCP has met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective June 5, 2025.

LEGAL PRECEDENT -- ISSUE 2

When OWCP properly terminates compensation benefits, the burden shifts to appellant to establish continuing residuals or disability after that date, causally related to the accepted employment injury.[13] 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.[14]

[12] *See W.C.,* Docket No. 18-1386 (issued January 22, 2019); *Melvina Jackson*, 38 ECAB 443 (1987).

[13] *See E.D.,* Docket No. 26-0411 (issued July 23, 2026); *S.M.*, Docket No. 18-0673 (issued January 25, 2019); *C.S.*, Docket No. 18-0952 (issued October 23, 2018); *Manuel Gill*, 52 ECAB 282 (2001).

[14] *Id.*

ANALYSIS -- ISSUE 2

The Board finds that appellant has not met her burden of proof to establish continuing disability and/or residuals, on or after June 5, 2025, causally related to the accepted May 13, 2017 employment injury.

After the June 5, 2025 termination action, appellant submitted a November 5, 2025 report by Ms. Harper, a physician assistant. However, certain healthcare providers such as physician assistants, nurses, and physical and occupational therapists are not considered physicians as defined under FECA.[15] Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits.[16] Therefore, this evidence is insufficient to establish that appellant had disability/residuals on or after June 5, 2025 due to the accepted May 13, 2017 employment injury.

Appellant also submitted diagnostic test results from December 30, 2025. However, diagnostic studies, standing alone, lack probative value on the issue of on causal relationship as they do not address whether the accepted employment factors caused or contributed to the diagnosed condition or disability.[17] Therefore, this evidence is insufficient to establish that appellant had disability/residuals on or after June 5, 2025 due to the accepted May 13, 2017 employment injury.

As the medical evidence of record is insufficient to establish continuing disability and/or residuals, on or after June 5, 2025, causally related to appellant's accepted May 13, 2017 employment injury, 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 OWCP has met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective June 5, 2025, as she no longer had disability or residuals causally related to the accepted May 13, 2017 employment injury. The Board further finds that appellant has not met her burden of proof to establish continuing disability and/or

[15] 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 and occupational 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).

[16] *See id.*

[17] *V.C.,* Docket No. 26-0380 (issued June 29, 2026); *C.S.,* Docket No. 19-1279 (issued December 30, 2019).

residuals, on or after June 5, 2025, causally related to the accepted May 13, 2017 employment injury.

ORDER

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

Issued: October 2, 2026
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

Janice B. Askin, Judge
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board