United States Department of Labor
Employees' Compensation Appeals Board

M.H., Appellant	)	
and	)	**Docket No. 26-0655**
	)	**Issued: October 16, 2026**
DEPARTMENT OF VETERANS AFFAIRS, MARION VA MEDICAL CENTER, Marion, IL, Employer	)	

Appearances:
Stephanie N. Leet, Esq., for the appellant[1]
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 July 8, 2026 appellant, through counsel, filed a timely appeal from a June 18, 2026 merit decision of the Office of Workers' Compensation Programs (OWCP). 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] In all cases in which a representative has been authorized in a matter before the Board, no claim for a fee for legal or other service performed on appeal before the Board is valid unless approved by the Board. 20 C.F.R. § 501.9(e). No contract for a stipulated fee or on a contingent fee basis will be approved by the Board. *Id*. An attorney or representative's collection of a fee without the Board's approval may constitute a misdemeanor, subject to fine or imprisonment for up to one year or both. *Id*.; *see also* 18 U.S.C. § 292. Demands for payment of fees to a representative, prior to approval by the Board, may be reported to appropriate authorities for investigation.

[2] 5 U.S.C. § 8101 *et seq.*

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 1, 2024 appellant, then a 52-year-old tractor operator, filed an occupational disease claim (Form CA-2) alleging that he developed lower back pain due to factors of his federal employment, including repetitive movements associated with using a zero-turn mower. He noted that he first became aware of his condition on August 10, 2022, and realized its relationship to his federal employment on March 15, 2023. Appellant stopped work on November 22, 2023.

A magnetic resonance imaging (MRI) scan of the lumbar spine dated November 7, 2023 demonstrated multilevel degenerative changes resulting in neuroforaminal stenosis, worse on the right at L5-S1.

In a February 7, 2024 development 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.

OWCP subsequently received an employing establishment position description for a tractor operator.

In a March 8, 2024 follow-up letter, 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 February 7, 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 additional evidence was submitted.

By decision dated April 8, 2024, OWCP denied appellant's occupational disease claim, finding that the medical evidence of record was insufficient to establish a diagnosed condition in connection with the accepted factors of his federal employment. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

On April 7, 2025 appellant, through counsel, requested reconsideration. In support thereof, he submitted an undated narrative report and medical reports dated June 6 through August 6, 2024 by Dr. Kenneth Brandon Strenge, an orthopedic spine surgeon, who noted that appellant initially presented to his office with complaints of increasing back pain with bilateral buttock and right leg radiculopathy, which he attributed to riding a zero-turn lawn mower at work since 2018. Dr. Strenge documented physical examination findings, diagnosed lumbar degenerative disc disease with radiculopathy, and performed a staged spinal fusion with instrumentation from L4 to S1 on July 10, 17, and 19, 2024. He opined that repetitive turning, shifting, and bouncing over uneven terrain at work on a daily basis caused a rapid aggravation and advancement of spinal degeneration beyond the natural progression of age-related spinal degeneration and led to the need

for surgery. Dr. Strenge also noted that appellant did not have any significant low back or radicular symptoms prior to 2018.

A lumbar spine x-ray dated September 27, 2023 demonstrated left convex scoliosis at L4-5 with mild compensatory right convex scoliosis at T12, disc space narrowing at L3 through S1, spondylosis of the posterior facets at L4 through S1, and anterior marginal osteophytes at all levels. The study was compared to radiographs obtained on May 4, 2022.

In a form report dated November 15, 2023, Dr. John Beck, Board-certified in family medicine, diagnosed lumbar spinal stenosis and low back pain. He indicated that the condition commenced on approximately June 21, 2018.

On April 15, 2025 OWCP prepared a statement of accepted facts (SOAF), which indicated that appellant began working for the employing establishment in 2018, and that his job duties included operating/driving, towing, and repairing a variety of commercial vehicles and equipment.

On April 29, 2025 OWCP referred appellant, along with the medical record, the April 15, 2025 SOAF, and a series of questions to Dr. James Stiehl, a Board-certified orthopedic surgeon, for a second opinion evaluation to determine whether he sustained a medical condition causally related to the accepted factors of his federal employment.

In a June 4, 2025 report, Dr. Stiehl related appellant's factual and medical history, noted his review of the SOAF and medical record, and documented physical examination findings. He diagnosed lumbar degenerative joint disease with advancing foraminal stenosis on the right side at L5-S1 and mechanical back pain. Dr. Stiehl indicated that there was no clear evidence of a new or recent injury, such as neuropathic findings, alteration of motion segment integrity, or evidence of foraminal encroachment. He opined that repetitive occupational exposure did not cause appellant's lumbar condition. Dr. Stiehl explained that the bilateral findings on the MRI scan were indicative of a chronic condition and noted that appellant would have required surgery regardless of any occupational exposure.

By decision dated July 16, 2025, OWCP modified the April 8, 2024 decision, finding that the medical evidence of record was sufficient to establish diagnosed conditions in connection with the accepted factors of his federal employment. The claim remained denied, however, as the medical evidence of record was insufficient to establish causal relationship between the diagnosed conditions and the accepted employment factors. OWCP found that Dr. Stiehl's opinion constituted the weight of the medical opinion evidence.

On April 9, 2026 appellant, through counsel, requested reconsideration. In support thereof, he submitted a narrative rebuttal report dated January 6, 2026 by Dr. Strenge, who indicated that Dr. Stiehl incorrectly stated that there were no neuropathic findings, noting that he observed bilateral buttock and right leg radiculopathy and symptoms consistent with neurogenic claudication. He reiterated that repetitive turning, shifting, and bouncing over uneven terrain aggravated appellant's underlying foraminal stenosis and advanced his spinal degeneration more than would typically occur as part of the natural progression of age-related spinal disease.

On April 29, 2026 OWCP requested that Dr. Stiehl review and provide answers to specific questions regarding the updated medical record, including the January 6, 2026 report of Dr. Strenge.

In a supplemental report dated May 7, 2026, Dr. Stiehl indicated that he reviewed a computerized tomography (CT) scan dated July 25, 2025 and a medical report by Dr. Strenge dated September 12, 2025. He indicated that appellant "began working for the [employing establishment] on August 10, 2022," which "virtually rules out the conditions that he had which are longstanding degenerative problems"; that "spinal stenosis is a chronic disease and in general my view does not constitute a causation for problems that could be associated with recent employment for two years"; and that appellant "really does not have a claim for an injury that would have occurred within this two-year zone of his employment."

By decision dated June 18, 2026, OWCP denied modification of the July 16, 2025 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA[3] 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,[4] 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.[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 casually related to the identified employment factors.[7]

[3] *Supra* note 2.

[4] *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).

[5] *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).

[6] *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).

[7] *S.R.,* Docket No. 24-0839 (issued October 30, 2024); *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).

The medical evidence required to establish causal relationship between a diagnosed condition and the accepted employment factors is rationalized medical opinion evidence.[8] The opinion of the physician must be based on a complete factual and medical background of the employee, 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 specific employment factors identified by the employee.[9]

In any case where a preexisting condition involving the same part of the body is present and the issue of causal relationship, therefore, involves aggravation, acceleration or precipitation, the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.[10]

ANALYSIS

The Board finds that this case is not in posture for decision.

On April 29, 2026 OWCP requested that Dr. Stiehl review and provide answers to specific questions regarding the updated medical record, including a review of Dr. Strenge's January 6, 2026 report. Dr. Stiehl indicated in his supplemental report, dated May 7, 2026, that he only reviewed a medical report by Dr. Strenge dated September 12, 2025. He indicated that appellant "began working for the [employing establishment] on August 10, 2022," which "virtually rules out the conditions that he had which are longstanding degenerative problems"; that "spinal stenosis is a chronic disease and in general my view does not constitute a causation for problems that could be associated with recent employment for two years"; and that appellant "really does not have a claim for an injury that would have occurred within this two-year zone of his employment." However, Dr. Stiehl failed to review the January 6, 2026 report by Dr. Strenge, as requested by OWCP.

It is well established that proceedings under FECA are not adversarial in nature and OWCP is not a disinterested arbiter. While the claimant has the responsibility to establish entitlement to compensation, OWCP shares responsibility in the development of the evidence. It has an obligation to see that justice is done.[11] Accordingly, once OWCP undertakes development of the

[8] *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).

[9] *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).

[10] Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (version 1.2, issued May 4, 2026); *M.B.*, Docket No. 20-1275 (issued January 29, 2021); *see R.D.*, Docket No. 18-1551 (issued March 1, 2019).

[11] *See M.S.,* Docket No. 23-1125 (issued June 10, 2024); *E.B.,* Docket No. 22-1384 (issued January 24, 2024); *J.R.,* Docket No. 19-1321 (issued February 7, 2020); *S.S.,* Docket No. 18-0397 (issued January 15, 2019).

record, it must do a complete job in procuring medical evidence that will resolve the relevant issues in the case.[12]

The Board shall therefore set aside OWCP's June 18, 2026 decision and remand the case to Dr. Stiehl for a supplemental opinion, which includes a review of Dr. Strenge's January 6, 2026 supplemental report. If Dr. Stiehl is unable to provide a supplemental report, OWCP shall refer appellant, along with the case record and a SOAF to a new second opinion physician for the purpose of obtaining a rationalized medical opinion on the issue.[13] Following this and any other such further development as deemed necessary, OWCP shall issue a *de novo* decision.

CONCLUSION

The Board finds that this case is not in posture for decision.

ORDER

IT IS HEREBY ORDERED THAT the June 18, 2026 decision of the Office of Workers' Compensation Programs is set aside, and the case is remanded for further proceedings consistent with this decision of the Board.

Issued: October 16, 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

[12] *Id.*; *see also R.M.,* Docket No. 16-0147 (issued June 17, 2016).

[13] *See D.K.*, Docket No. 26-0375 (issued July 16, 2026); *D.A.,* Docket No. 25-0909 (issued February 18, 2026). *See also J.H.,* Docket No. 19-1476 (issued March 23, 2021); *R.O.,* Docket No. 19-0885 (issued November 4, 2019); *Talmadge Miller,* 47 ECAB 673 (1996).