United States Department of Labor
Employees' Compensation Appeals Board

D.O., Appellant	)	
and	)	**Docket No. 26-0680**
	)	**Issued: October 20, 2026**
DEPARTMENT OF AGRICULTURE, FOOD SAFETY AND INSPECTION SERVICE, Wyalusing, PA, 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 July 15, 2026 appellant filed a timely appeal from a June 1, 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.[3]

[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, he contended that he has a valid workers' compensation claim, which, although supported by medical evidence and an eyewitness, continues to be denied. 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*.

[3] The Board notes that, following the June 1, 2026 decision, OWCP received additional evidence. 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*.

ISSUE

The issue is whether appellant has met his burden of proof to establish a medical condition causally related to the accepted March 19, 2025 employment incident.

FACTUAL HISTORY

On May 12, 2025 appellant, then a 42-year-old consumer safety inspector, filed a traumatic injury claim (Form CA-1) alleging that on March 19, 2025 he injured his lower back and legs when he was inspecting meat while in the performance of duty. He stopped work on the date of the claimed injury and returned to work on April 30, 2025.

In a May 15, 2025 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 a medical report dated April 8, 2025 wherein Dr. Nancy A. Abu-Bonsrah, a neurosurgeon, noted that appellant related complaints of worsening back pain for several years, especially with prolonged standing at work. Appellant denied any recent falls or trauma. Dr. Abu-Bonsrah reviewed x-rays of the lumbar spine dated February 28, 2025, which demonstrated chronic appearing degenerative changes at T12-L1 but no lumbar abnormalities, and a magnetic resonance imaging (MRI) scan of the lumbar spine dated April 7, 2025, which demonstrated mild congenital stenosis, mild spondylosis resulting in mild spinal stenosis at L2 through L4, and a small disc protrusion at L1-2.

In a medical report dated April 11, 2025, Dr. Vwaire J. Orhurhu, a Board-certified anesthesiologist, noted that appellant related complaints of pain in his neck, mid-low back, buttock, tailbone, lower extremities, groin, and head, which "began without a precipitating event." He performed a physical examination of the lumbar spine and observed pain with extension, flexion, lateral flexion, and rotation, tenderness to palpation over the bilateral lower lumbar paraspinal muscles, positive straight leg raise and facet loading testing bilaterally, and reduced strength in the quadriceps, tibialis anterior, and extensor hallucis longus muscles, bilaterally. Dr. Orhurhu reviewed the February 28, 2025 x-rays, the April 7, 2025 MRI scan, and a computerized tomography (CT) scan of the lumbar spine dated September 10, 2023, which demonstrated congenitally short pedicles and degenerative disc changes resulting in multifocal areas of canal and foraminal compromise. He diagnosed lumbar disc herniation with radiculopathy, myofascial pain, and chronic pain syndrome.

In a May 17, 2025 response to OWCP's development questionnaire, appellant related that on March 19, 2025, he was standing at a table inspecting meat and turned to grab a heart. As he twisted, he felt pain radiating down to his buttocks and knees. Appellant told R.B. and J.H., his coworkers, that his back "felt like it was out." He subsequently called out of work due to his back pain and obtained a medical appointment for March 25, 2025. Appellant also indicated that he

had a history of pain and back problems "since my car accident in April 2021, but it was concentrated to just my back and was tolerable."[4]

In a May 19, 2025 medical report, Dr. Anthony J. Grippo, Board-certified in internal and occupational medicine, noted that appellant related complaints of low back pain, which he attributed to an incident on March 19, 2025 when he was "standing by a table doing inspections and 'twisted just right.'" Dr. Grippo performed a physical examination and observed vague tenderness throughout the bilateral lumbar paraspinal muscles with superficial light touch and normal gait, strength, sensation, and range of motion. He reviewed the September 10, 2023 CT scan and the April 7, 2025 MRI scan and diagnosed degeneration of intervertebral lumbar disc with discogenic pain and lower extremity pain, sciatic mononeuropathy on the right, and congenital stenosis of the lumbar spine. Dr. Grippo opined that "these are not work-related conditions" and noted that "simply twisting while standing at work does not make this a work-related injury." He also noted that appellant was not lifting anything at the time of the March 19, 2025 incident, nor was any other force involved.

In a medical report dated August 1, 2025, Dr. John Lockard, Board-certified in anesthesiology and pain medicine, noted that appellant related complaints of back pain after "grabbing for an object and twisted and he had a sharp pain and his back 'went out.'" He noted that he treated him for mid-back pain in 2022 and that he had undergone a lumbar epidural steroid injection on April 28, 2025. Dr. Lockard performed a physical examination and observed positive straight leg raise and Patrick's/Faber test on the right and tenderness of the sacroiliac (SI) joint. He diagnosed chronic right-sided low back pain with right-sided sciatica and SI joint dysfunction. Dr. Lockard opined that "this case is work related." In an attending physician's report (Form CA-20) of even date, he diagnosed SI joint dysfunction due to lifting, reaching, and twisting.

By decision dated August 7, 2025, OWCP denied appellant's claim, finding that the evidence of record was insufficient to establish that the March 19, 2025 employment incident had occurred, as alleged. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

OWCP continued to receive evidence, including an undated statement by appellant, who related that his back "was hurt from my car accident in April 2021" and "when working and twisted that it aggravated it and felt like it went out."

On August 12, 2025 appellant requested reconsideration of OWCP's August 7, 2025 decision. In support thereof, he submitted an undated statement by J.H., who indicated that on March 19, 2025 appellant reported to the office that "he turned the wrong way while on the line and something felt wrong with his back."

In an August 21, 2025 medical report, Dr. Lockard diagnosed chronic SI joint pain and administered an SI joint injection.

OWCP also received a September 30, 2025 medical report by a physician assistant.

[4] Appellant previously filed a Form CA-1 for an April 12, 2021 motor vehicle accident, which OWCP accepted for mild traumatic brain injury without loss of consciousness, and lacerations of the left dorsal hand, right ear, and scalp under OWCP File No. xxxxxx214.

By decision dated November 3, 2025, OWCP modified the August 7, 2025 decision to find that appellant had established that the March 19, 2025 employment incident occurred as alleged and that a medical condition had been diagnosed. The claim remained denied, however, as the medical evidence of record was insufficient to establish causal relationship between the diagnosed condition and the accepted March 19, 2025 employment incident.

OWCP continued to receive evidence including a January 6, 2026 operative note by Dr. Lockard who performed a second SI injection and diagnosed chronic SI joint pain.

In a March 6, 2026 medical report, Dr. Kimona Issa, a Board-certified orthopedic surgeon, noted that appellant related complaints of back pain, which he attributed to the March 19, 2025 employment incident. He documented physical examination findings and noted an assessment of back and right SI joint pain and SI joint dysfunction. Dr. Issa recommended right SI joint fusion surgery.

On May 27, 2026 appellant requested reconsideration of OWCP's November 3, 2025 decision.

By decision dated June 1, 2026, OWCP denied modification of its November 3, 2025 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA[5] has the burden of proof to establish the essential elements of his or her claim including the fact that the individual is an employee of the United States within the meaning of FECA, that the claim was timely filed, 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 every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.[7]

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it first must be determined whether fact of injury has been established. There are two components involved in establishing fact of injury. First, the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the time and place, and in the manner alleged. Second, the employee must submit sufficient evidence to establish that the employment incident caused an injury.[8]

[5] 5 U.S.C. § 8101 *et seq*.

[6] *C.G*., Docket No. 20-0058 (issued September 30, 2021); *S.B*., Docket No. 17-1779 (issued February 7, 2018); *J.P*., 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

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

[8] *T.H.*, Docket No. 19-0599 (issued January 28, 2020); *K.L.*, Docket No. 18-1029 (issued January 9, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.[9] 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 the specific employment incident identified by the claimant.[10]

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.[11]

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a medical condition causally related to the accepted March 19, 2025 employment incident.

In support of his claim, appellant submitted an August 1, 2025 medical report by Dr. Lockard, who diagnosed chronic right-sided low back pain with right-sided sciatica and SI joint dysfunction. Dr. Lockard opined that "this case is work-related." In a Form CA-20 of even date, he diagnosed SI joint dysfunction due to lifting, reaching, and twisting. However, Dr. Lockard did not provide a rationalized medical explanation as to how the accepted March 19, 2025 employment incident caused or aggravated the diagnosed conditions. The Board has held that medical evidence that does not offer a well-rationalized explanation of how the specific employment incident physiologically caused or aggravated the diagnosed condition is of limited probative value.[12] Therefore, this evidence is insufficient to establish appellant's claim.

In medical reports dated April 8 and 11, 2025, Drs. Abu-Bonsrah and Orhurhu, respectively, diagnosed lumbar disc herniation with radiculopathy, myofascial pain, and chronic pain syndrome. In August 21, 2025 and January 6, 2026 medical reports, Dr. Lockard diagnosed chronic SI joint dysfunction. Dr. Issa, in his March 6, 2026 report, noted an assessment of back and right SI joint pain and SI joint dysfunction. However, none of these physicians offered an opinion regarding the cause of the diagnosed conditions. The Board has held that an opinion which does not address the cause of an employee's condition is of no probative value on the issue of causal relationship.[13] Thus, this evidence is insufficient to establish appellant's claim.

---

[9] *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] *A.S.*, Docket No. 19-1955 (issued April 9, 2020); *Leslie C. Moore*, 52 ECAB 132 (2000).

[11] 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).

[12] *See S.B.*, Docket No. 25-0839 (issued January 21, 2026); *D.D.*, Docket No. 25-0751 (issued August 27, 2025); *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 C.M.,* Docket No. 25-0772 (issued December 15, 2025); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

In a May 19, 2025 medical report, Dr. Grippo noted that appellant related complaints of low back pain, which he attributed to the March 19, 2025 employment incident. He diagnosed degeneration of intervertebral lumbar disc with discogenic pain and lower extremity pain, sciatic mononeuropathy on the right, and congenital stenosis of the lumbar spine. Dr. Grippo opined that "these are not work-related conditions" and explained that "simply twisting while standing at work does not make this a work-related injury." The Board has held that medical evidence that negates causal relationship is of no probative value.[14] As such, this evidence is insufficient to establish appellant's claim.

OWCP also received a report by a physician assistant dated September 30, 2025. However, certain healthcare providers, such as physician assistants, are not considered physicians as defined under FECA and their reports do not constitute competent medical evidence.[15] Consequently, these medical findings or opinions are insufficient to meet appellant's burden of proof.[16]

As the medical evidence of record is insufficient to establish a medical condition causally related to the accepted March 19, 2025 employment incident, 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 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 March 19, 2025 employment incident.

[14] *See 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).

[15] Section 8102(2) of FECA provides as follows: 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. § 8102(2); 20 C.F.R. § 10.5(t). *See also supra* note 11 at Chapter 2.805.3a(1) (version 1.2, issued 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 S.S.*, Docket No. 21-1140 (issued June 29, 2022) (physician assistants are not considered physicians under FECA and are not competent to provide medical opinions).

[16] *T.H.,* Docket No. 23-1142 (issued March 28, 2024).

ORDER

IT IS HEREBY ORDERED THAT the June 1, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: October 20, 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