United States Department of Labor
Employees' Compensation Appeals Board

R.O., Appellant	)	
and	)	**Docket No. 25-0888**
	)	**Issued: September 2, 2026**
DEPARTMENT OF THE INTERIOR, BUREAU OF LAND MANAGEMENT, Bakersfield, CA, 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 September 16, 2025 appellant filed a timely appeal from a September 9, 2025 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]

ISSUE

The issue is whether appellant has met his burden of proof to establish a traumatic injury in the performance of duty on June 26, 2025, as alleged.

[1] 5 U.S.C. § 8101 *et seq*.

[2] The Board notes that following the September 9, 2025 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.*

FACTUAL HISTORY

On June 27, 2025 appellant, then a 23-year-old wildland firefighter, filed a traumatic injury claim (Form CA-1) alleging that on June 26, 2025 he experienced chest pain, tachycardia and hypertension while in the performance of duty. He alleged that he potentially had Valley Fever (coccidiomycosis) or an infection or inflammation of the pericardial sac. On the reverse side of the claim form, K.C., appellant's supervisor, acknowledged that appellant was injured in the performance of duty.

On June 27, 2025 the employing establishment executed an authorization for examination and/or treatment (Form CA-16) authorizing appellant to seek medical care related to right-sided chest pain, tachycardia and hypertension. A Form CA-16 dated June 27, 2025 noted a diagnosis of pericarditis.

A June 27, 2025 computerized tomography (CT) pulmonary angiogram revealed pleural-based opacity right upper lobe with associated satellite ground glass opacities most compatible with infectious/inflammatory process. No evidence of central pulmonary embolism or mediastinal or hilar lymphadenopathy was found.

By development letter dated July 7, 2025, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence necessary to establish his claim and provided a questionnaire for his completion. OWCP afforded appellant 60 days to submit the necessary evidence.

In a June 1, 2025 incident report, K.C., appellant's supervisor, reported that, at approximately 2:30 p.m., appellant was dispatched to a fire near Honolulu Racetrack in Taft. He stated that there were wind gusts between 10-15 miles per hour and that the firefighter crew was tasked with direct handline to suppress the fire, which involved disturbing the top layer of soil where Valley Fever (coccidiomycosis) resides. K.C. indicated that the combination of the disturbance of the top-soil layer with hand tools and the higher-than-normal wind gusts forced the firefighter crew to breathe in dust that contained the Valley Fever fungus spore. He advised that no preventative measures could be taken as the entire crew was engaged in direct fire line suppression. K.C. also indicated that appellant had been hired by the employing establishment on May 18, 2025.

In a medical report dated June 27, 2025, Dr. Nathan L. Holman, a Board-certified emergency medicine specialist, related that appellant, a wildfire firefighter, had been working the fire line with hiking involved and experienced right-sided chest pain while working the prior day. He diagnosed chest pain, tachycardia, pericarditis, and pulmonary nodule. Copies of diagnostic testing and laboratory tests, all dated June 27, 2015, were provided.

OWCP subsequently received additional diagnostic testing dated July 9, 2025, and laboratory results dated July 10, 2025.

In a July 1, 2025 work note, Dr. Anirudh Rai, a Board-certified family practitioner, held appellant off work July 1 through 11, 2025. In a subsequent work note dated July 11, 2025, Dr. Rai stated appellant could start light duty on July 13, 2025 due to Valley Fever.

In a July 18, 2025 attending physician report (Form CA-20), Dr. Rai diagnosed primary pulmonary coccidiomycosis. He opined that this was not a workers' compensation injury and that

there was no causal relationship to appellant's employment activity. In a duty status report (Form CA-17) of even date, Dr. Rai noted that appellant, a wildland firefighter, was exposed to Valley Fever at home and, on June 26, 2025, he developed chest pain, tachycardia and fungal mass on the right lobe of lungs. He opined that appellant could resume full-duty work on July 20, 2025.

In a follow-up letter dated August 15, 2025, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish his claim. It noted that he had been afforded 60 days from the July 7, 2025 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 received.

By decision dated September 9, 2025, OWCP denied appellant's traumatic injury claim, finding that he had not established that the event occurred as described on June 26, 2025. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

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 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.[7]

To establish that an injury occurred as alleged, the injury need not be confirmed by eyewitnesses, but the employee's statements must be consistent with the surrounding facts and circumstances and his or her subsequent course of action. The employee has not met his or her burden when there are such inconsistencies in the evidence as to cast serious doubt on the validity

[3] *Supra* note 2.

[4] *See S.F.,* Docket No. 23-0264 (issued July 5, 2023); *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] *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).

of the claim. Such circumstances as late notification of injury, lack of confirmation of injury, continuing to work without apparent difficulty following the alleged injury, and failure to obtain medical treatment may, if otherwise unexplained, cast serious doubt on the employee's statements in determining whether a *prima facie* case has been established.[8] An employee's statement alleging that an injury occurred at a given time and in a given manner is of great probative value and will stand unless refuted by strong or persuasive evidence.[9]

ANALYSIS

The Board finds that appellant has established a traumatic incident in the performance of duty on June 26, 2025, as alleged.

Appellant filed a Form CA-1 for a traumatic injury on June 26, 2025 after experiencing chest pain, tachycardia and hypertension. Appellant's supervisor, K.C., acknowledged on the reverse side of the claim form that appellant was injured in the performance of duty on June 26, 2025. On June 27, 2025 Dr. Holman related that appellant had been working the fire line with hiking involved, the day before. He diagnosed chest pain, tachycardia, pericarditis, and pulmonary nodule. Additionally, the injury appellant claimed is consistent with the facts and circumstances he set forth, and his course of action. As noted, an employee's statement as to how the injury occurred is of great probative value and will stand unless refuted by strong or persuasive evidence.[10] There are no inconsistencies in the evidence that cast serious doubt upon the validity of the claim, and thus the Board finds that appellant has established a traumatic incident in the performance of duty on June 26, 2025, as alleged.

As appellant has established that an incident occurred in the performance of duty on June 26, 2025 as alleged, the question becomes whether the incident caused an injury.[11] As OWCP found that he had not established fact of injury, it did not evaluate the medical evidence. The case must, therefore, be remanded for consideration of the medical evidence of record.[12] After this and other such further development as deemed necessary, OWCP shall issue a *de novo* decision addressing whether appellant has met his burden of proof to establish an injury causally related to the accepted June 26, 2025 employment incident.[13]

[8] *T.T.*, Docket No. 22-0792 (issued October 18, 2022); *C.M.*, Docket No. 20-1519 (issued March 22, 2021); *Betty J. Smith*, 54 ECAB 174 (2002).

[9] *See L.T.,* Docket No. 24-0700 (issued August 22, 2024); *M.C.*, Docket No. 18-1278 (issued March 7, 2019); *D.B.*, 58 ECAB 464, 466-67 (2007).

[10] *J.K.,* Docket No. 25-0292 (issued March 3, 2025); *J.A.,* Docket No. 24-0919 (issued October 25, 2024); *M.S.,* Docket No. 24-0258 (issued May 20, 2024); *C.C.,* Docket No. 10-2054 (issued July 8, 2011).

[11] *M.S.,* Docket No. 23-0731 (issued January 5, 2024); *L.G.,* Docket No. 21-0343 (issued May 9, 2023); *M.A.,* Docket No. 19-0616 (issued April 10, 2020); *C.M.,* Docket No. 19-0009 (issued May 24, 2019).

[12] *D.F.,* Docket No. 21-0825 (issued February 17, 2022); *L.D.,* Docket No. 16-0199 (issued March 8, 2016).

[13] Appellant may file a Form CA-1 for traumatic injury on June 1, 2025, or a Form CA-2 alleging an occupational disease causally related to factors of his federal employment.

CONCLUSION

The Board finds that appellant has met his burden of proof to establish a traumatic incident in the performance of duty on June 26, 2025, as alleged.[14]

ORDER

IT IS HEREBY ORDERED THAT the September 9, 2025 decision of the Office of Workers' Compensation Programs is reversed.

Issued: September 2, 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

[14] The Board notes that the employing establishment issued a Form CA-16. A completed Form CA-16 authorization may constitute a contract for payment of medical expenses to a medical facility or physician, when properly executed. The form creates a contractual obligation, which does not involve the employee directly, to pay for the cost of the examination or treatment regardless of the action taken on the claim. *See* 20 C.F.R. § 10.300(c); *S.G.*, Docket No. 23-0552 (issued August 28, 2023); *J.G.*, Docket No. 17-1062 (issued February 13, 2018); *Tracy P. Spillane*, 54 ECAB 608 (2003).