United States Department of Labor
Employees' Compensation Appeals Board

A.G., Appellant	)	
and	)	
DEPARTMENT OF THE NAVY, COMMANDER NAVY INSTALLATIONS COMMAND, COMMANDER, NAVY REGION SOUTHWEST, FIRE & EMERGENCY SERVICES, NAVAL BASE CORONADO, San Diego, CA, Employer	)	**Docket No. 26-0446** **Issued: September 17, 2026**

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 April 19, 2026 appellant filed a timely appeal from November 25 and December 15, 2025, and February 6 and 25, 2026 merit decisions, and a January 13, 2026 nonmerit 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, following the February 25, 2026 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*.

ISSUES

The issues are: (1) whether appellant has met his burden of proof to expand the acceptance of his claim to include cervical radiculopathy as causally related to, or consequential to, the accepted September 14, 2024 employment injury; (2) whether OWCP met its burden of proof to rescind the acceptance of appellant's claim for unilateral inguinal hernia without obstruction or gangrene, not specified as recurrent; (3) whether OWCP properly denied appellant's request for an oral hearing regarding the denial of the request for expansion of the acceptance of the claim to include cervical radiculopathy, as untimely filed, pursuant to 5 U.S.C. § 8124(b); and (4) whether appellant has met his burden of proof to establish expansion of the acceptance of the claim to include a unilateral inguinal hernia without obstruction or gangrene, not specified as recurrent, as causally related to, or consequential to, the accepted September 14, 2024 employment injury.

FACTUAL HISTORY

On September 16, 2024 appellant, then a 41-year-old firefighter, filed a traumatic injury claim (Form CA-1) alleging that on September 14, 2024 he injured his back and abdomen while in the performance of duty.[3] He explained that he was storing a large diameter hose coupling by throwing it onto the rear hose bed when he felt a very sharp pain in his abdomen, which caused him to fall backwards and land on the charged four-inch hose resulting in a sharp pain in his lower middle back. Appellant stopped work on September 14, 2024.

In notes dated August 30 and September 24, 2024, Amanda Aspeytia, a nurse practitioner, examined appellant due to abdominal hernia and a history of chronic low back pain. On September 5, 2024 Dr. Omar Kallas, a Board-certified radiologist, reviewed an ultrasound scan of appellant's torso and diagnosed a small fat-containing hernia. Ms. Aspeytia noted that appellant related that on August 22, 2024 he felt a sharp pain in his abdomen when lifting and carrying equipment at work and that on September 14, 2024 he fell at work injuring his neck and upper and lower back.

In a September 17, 2024 note, Dr. Sow Kobayashi, a physician Board-certified in emergency medicine, described the September 14, 2024 employment injury relating that appellant experienced acute onset of right gastric abdominal pain lifting a heavy fire hose which caused him to fall. He diagnosed mild multilevel lumbar disc degeneration.

In an October 15, 2024 note, Dr. Bradford T. Hsu, a Board-certified general surgeon, noted that appellant was scheduled for surgical inguinal and umbilical hernia repairs on October 30, 2024 at which point he would be totally disabled. On October 29, 2024 he reviewed a September 17, 2024 computerized tomography (CT) scan, which demonstrated a small right inguinal hernia. On October 30, 2024 Dr. Hsu performed an unauthorized robot-assisted laparoscopic right inguinal hernia repair and an open umbilical hernia repair with mesh implantation.

[3] OWCP assigned the present claim OWCP File No. xxxxxx528. Under a separate traumatic injury claim, assigned OWCP File No. xxxxxx885, it accepted that appellant sustained an umbilical hernia without obstruction or gangrene on August 22, 2024. OWCP has administratively combined OWCP File Nos. xxxxxx528 and xxxxxx885, with the latter serving as the master file.

OWCP accepted the claim for lumbar radiculopathy based on a November 14, 2024 report from Dr. Mark Schultzel, a Board-certified orthopedic surgeon.

On December 9, 2024 OWCP expanded the acceptance of the claim to include umbilical hernia without obstruction or gangrene. In a letter dated December 10, 2024, it informed appellant that the diagnoses of umbilical hernia without obstruction or gangrene was initially accepted under OWCP File No. xxxxxx885 and was later accepted under the current claim as an aggravation of a preexisting condition. On May 8, 2025 OWCP further expanded the acceptance of the claim to include unilateral inguinal hernia without obstruction or gangrene, not specified as recurrent.

In a May 8, 2025 development letter, OWCP informed appellant of the deficiencies of his claim for expansion to include unilateral inguinal hernia. It advised him of the type of evidence needed and afforded him 30 days to provide the necessary evidence. No response was received.

By decision dated June 10, 2025, OWCP rescinded its acceptance of appellant's claim to include unilateral inguinal hernia as causally related to, or consequential to, the accepted September 14, 2024 employment injury.

In a September 10, 2025 report, Dr. Hsu opined that appellant's umbilical hernia and right inguinal hernia were both present at the time of his original injury.

Appellant completed a September 16, 2025 statement asserting that his initial injury occurred on August 22, 2024 with an additional injury on September 14, 2024. He alleged that he did not receive confirmation of his diagnoses of umbilical and inguinal hernias until September 17, 2024. Appellant asserted that, prior to the accepted employment injuries, he had not experienced any symptoms of an umbilical hernia or inguinal hernia.

On September 25, 2025 appellant requested a review of the written record by a representative of OWCP's Branch of Hearings and Review.

In a September 25, 2025 report, Dr. Ehatsham Ahmad, a Board-certified family practitioner, diagnosed chronic cervical and lumbar spine conditions, including cervical radiculopathy, degenerative joint disease, and lumbosacral spondylosis with radiculopathy, the "sequelae of injuries sustained from an on the job fall…." He recommended an anterior cervical discectomy and fusion and found that appellant was totally disabled.

By decision dated October 2, 2025, OWCP denied appellant's September 25, 2025 request for review of the written record with regard to its June 10, 2025 rescission decision as untimely filed.

On October 21, 2025 appellant requested reconsideration of the June 10, 2025 decision.

In an October 23, 2025 development letter, OWCP informed appellant of the deficiencies of his claim for expansion to include cervical radiculopathy. It advised him of the type of evidence needed to establish his claim and afforded him 30 days to respond. No response was received.

By decision dated November 25, 2025, OWCP denied expansion of the acceptance of appellant's claim to include cervical radiculopathy as causally related to, or consequential to, the accepted September 14, 2024 employment injury.

By decision dated December 15, 2025, OWCP denied modification of the June 10, 2025 rescission decision.

In a December 28, 2025 report, Dr Ahmad described the September 14, 2024 employment injury, including a fall landing on his back. He opined that this mechanism was medically capable of producing significant cervical spine injury due to combined axial loading and rapid flexion-extension forces. Dr. Ahmad related that "such forces are recognized in the medical literature to cause acute cervical disc injury and/or aggravation of preexisting but previously asymptomatic degenerative changes." He further opined that the traumatic nature of the event was supported by the development of abdominal wall hernia requiring surgical repair, "indicating that substantial biomechanical forces were involved…." Dr. Ahmad noted that appellant had no documented history of cervical spine pain, cervical radiculopathy, or functional neurologic limitation prior to the September 14, 2024 employment injury. He found that immediately following the September 14, 2024 fall, appellant developed persistent neck pain with left upper extremity radicular symptoms in a pattern consistent with C6-7 involvement. Dr. Ahmad reviewed diagnostic studies and opined that appellant's left upper extremity and left lower extremity symptoms were anatomically and clinically consistent with cervical radiculopathy and correlated with his diagnostic studies. He discounted the premise that appellant's cervical radiculopathy was age-related given his relatively young age. Dr. Ahmad concluded that based on the mechanism of injury, immediate onset of symptoms, objective imaging findings, absence of pre-injury cervical complaints, and the persistent and functionally limiting nature of symptoms, that appellant's fall on September 14, 2024[4] "was a substantial contributing factor in causing and/or significantly aggravating his cervical spine pathology and associated neurologic symptoms."

On January 10, 2026 appellant requested an oral hearing before a representative of OWCP's Branch of Hearings and Review with regard to the November 25, 2025 OWCP decision. Appellant's hearing request was made *via* OWCP's Employees' Compensation Operations & Management Portal (ECOMP).

By decision dated January 13, 2026, OWCP denied appellant's request for an oral hearing, finding that the request was not made within 30 days of the November 25, 2025 decision and, therefore, was untimely filed. It further exercised its discretion and determined that the issue in the case could equally well be addressed through a request for reconsideration before OWCP along with the submission of new evidence.

In a January 15, 2026 report, Dr. Hsu related that on September 5, 2024 appellant underwent an ultrasound with findings of an umbilical hernia. He noted that on September 17, 2024 appellant sought treatment following his September 14, 2024 employment injury and that CT scan findings included umbilical hernia and small right inguinal hernia. Dr. Hsu concluded, "Based on the records … the patient's umbilical and inguinal hernia were both present at the time of his original injury on September 14, 2024."

[4] Dr. Ahmad consistently referred to the date-of-injury as February 14, 2024 rather than September 14, 2024. This appears to be a typographical error.

On February 4, 2026 appellant requested reconsideration of the November 25, 2025 decision denying expansion of the acceptance of his claim to include cervical radiculopathy as causally related to, or consequential to, the accepted September 14, 2024 employment injury.

By decision dated February 6, 2026, OWCP denied modification of the December 15, 2025 decision regarding expansion of the acceptance of appellant's claim to include unilateral inguinal hernia.

By decision dated February 25, 2026, OWCP denied modification of the November 25, 2025 decision regarding expansion of the acceptance of appellant's claim to include cervical radiculopathy.

LEGAL PRECEDENT -- ISSUE 1

When an employee claims that a condition not accepted or approved by OWCP was due to an employment injury, he or she bears the burden of proof to establish that the condition is causally related to the employment injury.[5]

The claimant bears the burden of proof to establish a claim for a consequential injury.[6] As part of this burden, he or she must present rationalized medical opinion evidence, based on a complete factual and medical background, establishing causal relationship. The opinion must be one of reasonable medical certainty and must be supported by medical rationale explaining the nature of the relationship of the diagnosed condition and the specific employment factors or employment injury.[7]

Causal relationship is a medical issue and the medical evidence required to establish causal relationship is rationalized medical evidence.[8] Neither the mere fact that a disease or condition manifests itself during a period of employment, nor the belief that the disease or condition was caused or aggravated by employment factors or incidents, is sufficient to establish causal relationship.[9]

When an injury arises in the course of employment, every natural consequence that flows from that injury likewise arises out of the employment, unless it is the result of an independent intervening cause attributable to the claimant's own intentional misconduct.[10] The basic rule is

[5] *J.S.,* Docket No. 26-0155 (issued May 20, 2026); *J.R.*, Docket No. 20-0292 (issued June 26, 2020); *W.L.*, Docket No. 17-1965 (issued September 12, 2018); *V.B.*, Docket No. 12-0599 (issued October 2, 2012); *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004).

[6] *V.K.*, Docket No. 19-0422 (issued June 10, 2020); *A.H.*, Docket No. 18-1632 (issued June 1, 2020); *I.S.*, Docket No. 19-1461 (issued April 30, 2020).

[7] *K.W.*, Docket No. 18-0991 (issued December 11, 2018).

[8] *G.R.*, Docket No. 18-0735 (issued November 15, 2018).

[9] *Id.*

[10] *I.S.*, Docket No. 19-1461 (issued April 30, 2020); *A.M.*, Docket No. 18-0685 (issued October 26, 2018); *Mary Poller*, 55 ECAB 483, 487 (2004).

that a subsequent injury, whether an aggravation of the original injury or a new and distinct injury, is compensable if it is the direct and natural result of a compensable primary injury.[11]

ANALYSIS -- ISSUE 1

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

Dr. Ahmad, in his September 25 and December 28, 2025 reports, related appellant's history of a September 14, 2024 injury. He diagnosed cervical radiculopathy. Dr. Ahmad opined in his December 28, 2025 report that the mechanism of injury described, *i.e.*, fall from a height landing on his back was consistent with a diagnosis of cervical radiculopathy. He further opined that the traumatic nature of the event was supported by the development of abdominal wall hernia requiring surgical repair, "indicating that substantial biomechanical forces were involved…." Dr. Ahmad pointed out that the fall mechanism was medically capable of producing significant cervical spine injury due to combined axial loading and rapid flexion-extension forces and that the temporal relationship between accepted employment injury and the immediate onset of symptoms, along with objective clinical findings supported a causal connection. He concluded that the September 14, 2024 employment injury caused or aggravated appellant's cervical radiculopathy. Although his opinion is insufficiently rationalized to meet appellant's burden of proof to establish causal relationship, the Board finds that it is of sufficient probative value to warrant additional development.[12]

It is well established that proceedings under FECA are not adversarial in nature, nor is OWCP a disinterested arbiter. While the claimant has the burden of proof to establish entitlement to compensation, OWCP shares the responsibility in the development of the evidence to see that justice is done.[13]

The case shall, therefore, be remanded to OWCP for further development of the medical evidence. On remand, OWCP shall refer appellant, along with a statement of accepted facts and the medical record to a specialist in the appropriate field of medicine for a reasoned opinion as to whether appellant sustained cervical radiculopathy causally related to the accepted September 14, 2024 employment injury. If the second-opinion physician disagrees with the opinion of Dr. Ahmad, he or she must provide a fully-rationalized explanation of why the accepted employment injury is insufficient to have caused or contributed to appellant's cervical radiculopathy. After this and other such further development as deemed necessary, OWCP shall issue a *de novo* decision.

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[11] *J.M.*, Docket No. 19-1926 (issued March 19, 2021); *Susanne W. Underwood (Randall L. Underwood)*, 53 ECAB 139, 141 n. 7 (2001).

[12] *R.P.,* Docket No. 26-0333 (issued June 5, 2026); *J.C.*, Docket No. 26-0235 (issued April 30, 2026); *J.K.*, Docket No. 26-0015 (issued February 25, 2026); *G.M.*, Docket No. 25-0728 (issued September 12, 2025); *E.J.*, Docket No. 09-1481 (issued February 19, 2010); *John J. Carlone*, 41 ECAB 354 (1989); *Horace Langhorne*, 29 ECAB 280 (1978).

[13] *See J.C.,* and *J.K., id.*; *K.H.*, Docket No. 25-0896 (issued December 29, 2025); *V.H.*, Docket No. 23-1013 (issued July 24, 2025); *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).

LEGAL PRECEDENT -- ISSUE 2

Section 8128 of FECA provides that the Secretary of Labor may review an award for or against payment of compensation at any time on his own motion or on application.[14] The Board has upheld OWCP's authority under this section to reopen a claim at any time on its own motion and, where supported by the evidence, set aside or modify a prior decision and issue a new decision.[15] The Board has noted, however, that the power to annul an award is not arbitrary and that an award for compensation can only be set aside in the manner provided by the compensation statute.[16]

Workers' compensation authorities generally recognize that compensation awards may be corrected, in the discretion of the compensation agency and in conformity with statutory provision, where there is good cause for so doing, such as mistake or fraud. Once OWCP accepts a claim, it has the burden of proof to justify termination or modification of compensation benefits.[17] This also holds true where OWCP later decides that it erroneously accepted a claim.[18]

OWCP bears the burden of proof to justify rescission of acceptance on the basis of new evidence, legal argument, and/or rationale.[19] Probative and substantial positive evidence or sufficient legal argument must establish that the original determination was erroneous. OWCP must also provide a clear explanation of the rationale for rescission.[20]

ANALYSIS -- ISSUE 2

The Board finds that OWCP failed to meet its burden of proof to rescind the acceptance of appellant's claim for unilateral inguinal hernia without obstruction or gangrene, not specified as recurrent.

OWCP's procedures provide that if, after proper development, it finds that the original decision was issued in error, the claims examiner must issue a proposed and final decision rescinding the original finding.[21] Its procedures further provide that a rescission decision should contain a brief background of the claim, discuss the evidence on which the original decision was based, and explain why OWCP finds that the decision should be rescinded. The evidence used to rescind the claim should be thoroughly discussed so that it is clear to the reader how the case was

[14] 5 U.S.C. § 8128.

[15] *See M.O.,* Docket No. 26-0164 (issued March 27, 2026); *S.C.*, Docket No. 19-1045 (issued July 24, 2020); *M.H.*, Docket No. 19-0941 (issued April 29, 2020); *W.H.*, Docket No. 17-1390 (issued April 23, 2018); 20 C.F.R. § 10.610.

[16] *S.C., id.*; *M.H., id.*; *D.W.*, Docket No. 17-1535 (issued February 12, 2018).

[17] *R.D.*, Docket No. 22-1203 (issued November 19, 2024); *S.R.*, Docket No. 09-2332 (issued August 16, 2010).

[18] *M.H.*, *supra* note 15; *V.R.*, Docket No. 18-1179 (issued June 11, 2019).

[19] *M.H.*, *id.*; *L.G.*, Docket No. 17-0124 (issued May 1, 2018).

[20] *M.H.*, *id.*; *W.H.*, *supra* note 15.

[21] Federal (FECA) Procedure Manual, Part 2 -- Claims, *Disallowances*, Chapter 2.1400.19b (February 2013).

incorrectly adjudicated and why the original decision is now being invalidated.[22] As OWCP failed to follow these procedures, the Board finds that it did not meet its burden of proof to rescind acceptance of appellant's claim for unilateral inguinal hernia without obstruction or gangrene, not specified as recurrent.

CONCLUSION

The Board finds that the case is not in posture for decision with regard to expansion of the acceptance of appellant's claim to include cervical radiculopathy as causally related to, or consequential to, the accepted September 14, 2024 employment injury.[23] The Board further finds the OWCP failed to meet its burden of proof to rescind the acceptance of appellant's claim for unilateral inguinal hernia, without obstruction or gangrene, not specified as recurrent.[24]

ORDER

IT IS HEREBY ORDERED THAT The November 25, 2025 and February 25, 2026 decisions of the Office of Workers' Compensation Programs are set aside, and the case is remanded for further proceedings consistent with this decision of the Board. The December 15, 2025 decision of the Office of Workers' Compensation Programs is reversed. The January 13 and

[22] *Id*. at Chapter 2.1400.19(d); *see also R.D*., *supra* note 17; *D.S*., Docket No. 17-0250 (issued August 29, 2017).

[23] In light of the Board's disposition of Issue 1, Issue 3 is rendered moot.

[24] In light of the Board's disposition of Issue 2, Issue 4 is rendered moot.

February 6, 2026 decisions of the Office of Workers' Compensation Programs are set aside as moot.

Issued: September 17, 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