United States Department of Labor
Employees' Compensation Appeals Board

K.G., Appellant	)	
and	)	**Docket No. 26-0480**
	)	**Issued: September 3, 2026**
DEPARTMENT OF VETERANS AFFAIRS, POLICE AND SECURITY, EAST ORANGE VA MEDICAL CENTER, East Orange, NJ, Employer	)	

Appearances:
Russell T. Uliase, 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 April 30, 2026 appellant, through counsel, filed a timely appeal from a November 17, 2025 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 December 3, 2024 employment incident.

FACTUAL HISTORY

On December 6, 2024 appellant, then a 53-year-old police officer, filed a traumatic injury claim (Form CA-1) alleging that on December 3, 2024 he injured his jaw, neck, head back, spine, hips, and knees when a patient punched him on the right side of his face while in the performance of duty. He stopped work on December 3, 2024.

In a December 11, 2024 report, Dr. Bin Yang, Board-certified in occupational medicine, noted appellant's complaints of pain all over his body. He related that appellant was seen for examination following a claimed December 3, 2024 employment incident. Dr. Yang provided assessments of assault by other bodily force, sequela; sprain of ligaments of cervical spine, sequela; sprain of ligaments of lumbar spine, sequela; sprain of unspecified site of knee, sequela; and unspecified pain were provided.

In a December 13, 2024 development letter, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of medical evidence needed to establish his claim. OWCP afforded appellant 60 days to submit the necessary evidence.

OWCP subsequently received additional evidence. In a December 3, 2024 emergency room report, Dr. Kent C. Kim, a Board-certified emergency medicine physician, noted that appellant was punched in the right lower jaw while transporting a patient and that he had complaints of jaw pain and headaches. In an addendum to the report, Dr. Azeem M. Khawaja, Board-certified in emergency medicine, found no acute pathology on computerized tomography (CT) scan imaging of the cervical, head, maxillofacial, chest, abdominal or pelvis. Copies of the December 3, 2024 CT scans of the chest, abdomen, pelvis, head, maxillofacial, cervical spine were submitted.

In a December 4, 2024 report, Dr. Yang recounted appellant's history of injury on December 3, 2024, and noted that during the assault appellant fell landing on both knees. Appellant related current complaints of neck, mid back, and lower back pain, as well as headache. Dr. Yang also noted that appellant had a history of military-related back pain.

In a December 23, 2024 report, Renjini Rajan, a nurse practitioner, provided assessments of assault by other bodily force, sequela; sprain of ligaments of cervical spine, sequela; sprain of ligaments of lumbar spine, sequela; sprain of unspecified site of knee, sequela; and unspecified pain. He opined that appellant remained temporarily totally disabled and recommended magnetic resonance imaging (MRI) scans of the cervical spine and lumbar spine. OWCP also received December 4, 11, and 18, 2024 follow-up reports from Ms. Rajan.

In a December 17, 2024 report, Dr. Walter G. Husar, a neurologist, diagnosed cervical radiculopathy and lumbar radiculopathy.

In a December 19, 2024 report, Dr. Sanjila Islam, a Board-certified neurologist, noted that appellant had a history of multiple incidents of prior lumbar trauma and that he had previously declined surgical procedures. She indicated that appellant was evaluated for exacerbation of his prior diagnoses triggered by the December 3, 2024 physical altercation incident. Dr. Islam reviewed December 19, 2024 imaging studies, which included CT and MRI scans, and noted impressions of multilevel degenerative changes superimposed on congenitally narrowed spinal canal with moderate-to-severe spinal canal stenosis at L3-4 and L4-5 levels and neural foraminal stenosis at multiple levels. Cervical spine studies related an impression of multilevel mild-to moderate degenerative disc disease marked at C5-6, right paracentral disc osteophyte complex with moderate right foraminal encroachment and borderline central stenosis. Findings were considered generally progressive compared to prior 2022 imaging. Dr. Islam admitted appellant for further evaluation and management given graded sensory loss starting from T6 level on the left side.

In a January 10, 2025 report, Dr. Yang opined that appellant's diagnoses following the December 3, 2024 incident were spinal stenosis, lumbosacral region spinal stenosis, cervical region; intervertebral disc disorders with myelopathy, lumbar region; intervertebral disc disorders with myelopathy, thoracolumbar region; spinal stenosis, lumbar region with neurogenic claudication; cauda equina syndrome; sprain of ligaments of cervical spine; sprain of ligaments of lumbar spine.

In a follow-up letter dated January 14, 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 60 days from the December 13, 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.

In a January 6, 2025 report, Dr. Rex T. Ma, a Board-certified physiatrist, noted worsening bilateral lower extremity weakness, numbness, and instability requiring a quad cane. He stated that imaging showed cervical disc bulge at C5-6, thoracic cord impingement at T8-9, and lumbar extruded disc at L2-3.

In a January 16, 2025 attending physician's report (Form CA-20), Dr. Husar related that appellant "was struck on the face and was subduing [the assailant] causing increased stress on lower back." He diagnosed cervical spondylosis with myelopathy, lumbar stenosis with radiculopathy and claudication, and cauda equina syndrome which he opined with caused or aggravated by the workplace incident. Dr. Husar also opined that appellant was totally disabled as of December 19, 2024.

In a January 22, 2025 report, Dr. Husar noted that appellant had a history of chronic lower back discomfort, neck pain, obstructive sleep apnea, and headaches and had been under his care for the past three years. He indicated that appellant's neck and lower back were both affected with radiating and shooting pain down his arms and legs and there was weakness in his left leg and sensory deficits in the L4-S1 dermatomes in the left leg. Dr. Husar noted that appellant previously declined surgery for those symptoms and was doing well until the December 3, 2024 employment incident, when an altercation with a patient required some twisting movements and scar pulling which led to intractable back pain and headache associated with weakness in his legs, saddle

anesthesia and bladder urgency. He described appellant's repeat neuroimaging of the cervical spine and lumbar spine, noting that most findings were worse than prior neuroimaging and correlated with appellant's complaints of a cauda equina-like picture. Dr. Husar opined that appellant was totally disabled due to the extruded fragments present in his lumbar spinal canal and possible cord compression in the thoracic spine. He further opined that appellant required neurosurgical intervention.

In February 4 and 6, 2025 notes, Dr. Yun-Beom Choi, a Board-certified neurologist, stated that appellant had sensory decline below the T6 level and urinary incontinence concerning for cauda equina syndrome and thoracic myelopathy. He indicated that appellant's symptoms started after the December 3, 2024 assault. Dr. Choi opined that appellant's chronic low back pain could have potentially been aggravated by the December 3, 2024 assault.

By decision dated February 10, 2025, OWCP denied appellant's claim, finding that the medical evidence of record was insufficient to establish a medical condition causally related to the accepted December 3, 2024 employment incident. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

On February 19, 2025 appellant requested an oral hearing before a representative of OWCP's Branch of Hearings and Review. The hearing was held on July 18, 2025.

In a March 4, 2025 report, Dr. Husar reiterated appellant's history of chronic lower back discomfort, neck pain, obstructive sleep apnea, and headaches. He noted that appellant had presented in July 2022 with weakness in his left leg and sensory deficits in the L4-S1 dermatomes in the left leg, but had declined surgery. Dr. Husar also reiterated that appellant did well with his symptoms until the December 3, 2024 employment incident, when an altercation with a patient required some twisting movements and scar pulling which led to intractable back pain and headache associated with weakness in his legs, saddle anesthesia, and bladder urgency. He presented findings on repeat neuroimaging of appellant's cervical spine and lumbar spine, noting that the findings were worse than previous neuroimaging and correlated with appellant's complaints of a cauda equina-like picture. Dr. Husar opined that appellant remained disabled due to the extruded fragments present in his lumbar spinal canal and possible cord compression in the thoracic spine. He concluded that the twisting and pulling episode with the patient on December 3, 2024 worsened appellant's underlying condition, which was chronic and degenerative in nature, and required neurosurgical intervention.

Hospital records documented that appellant underwent three neurosurgical procedures: a T8-10 laminectomy on March 13, 2025; C5-6 anterior cervical discectomy and fusion on May 6, 2025; and L3-5 laminectomy with right L1-2 hemi-laminotomy and discectomy on June 10, 2025.

By decision dated October 2, 2025, OWCP's hearing representative affirmed the February 10, 2025 decision.

On October 29, 2025 appellant, through counsel, requested reconsideration.

In a July 30, 2025 report, Dr. Husar noted that he had treated appellant for four years for migraine headaches, lower back pain, lumbar radiculopathy, and extruded lumbar disc. He opined that appellant's back issues were exacerbated during an interaction with a patient which resulted

in cauda equina-like symptoms. Dr. Husar further noted that appellant had undergone three thoracic, cervical and lumbar spine surgical procedures. He concluded that appellant would be totally disabled from his date-of- injury position for at least 24 months.

By decision dated November 17, 2025, OWCP denied modification of the October 2, 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 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.[4] These are the essential elements of every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.[5]

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.[6]

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.[7] 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.[8]

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,

[3] 5 U.S.C. § 8101 *et seq*.

[4] *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).

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

[6] *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).

[7] *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).

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

the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.[9]

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a medical condition causally related to the accepted December 3, 2024 employment incident.

In support of his claim, appellant submitted several medical reports from Dr. Husar. In a December 17, 2024 report, Dr. Husar diagnosed cervical radiculopathy and lumbar radiculopathy but did not offer 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.[10] In a January 16, 2025 Form CA-20, Dr. Husar diagnosed cervical spondylosis with myelopathy, lumbar stenosis with radiculopathy and claudication, and cauda equina syndrome which he opined with caused or aggravated by the work incident. However, he failed to provide medical rationale for his conclusory opinion. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how an employment incident/activity could have caused or aggravated a medical condition.[11] Therefore, this evidence is insufficient to establish appellant's claim. In January 22 and March 4, 2025 reports, Dr. Husar stated that appellant had been doing well until the December 3, 2024 employment incident, when the altercation with a patient required some twisting movements and scar pulling which led to intractable back pain and headache associated with weakness in his legs, saddle anesthesia and bladder urgency. He also noted that findings on repeat neuroimaging of the cervical spine and lumbar spine were worse than prior neuroimaging. The Board has held that an opinion that a condition is causally related to an employment injury because the employee was asymptomatic before the injury is insufficient, without adequate rationale, to establish causal relationship.[12] In his March 4, 2025 report, Dr. Husar opined that appellant's twisting and pulling episode with the patient on December 3, 2024 worsened his chronic and degenerative underlying condition, and required neurosurgical intervention. He did not provide sufficient rationale in the January 22 and March 4, 2025 reports which explained how the accepted employment incident physiologically caused or aggravated the diagnosed condition(s).[13] In a July 30, 2025 report, he opined that appellant's back issues were exacerbated during an interaction with a patient which resulted in cauda equina-like symptoms and he underwent three spinal surgeries on his thoracic, cervical and lumbar spine. As discussed a medical report is of limited probative value on the issue of causal relationship if it contains an

[9] Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (May 2023); *M.B.,* Docket No. 20-1275 (issued January 29, 2021); *see R.D.,* Docket No. 18-1551 (issued March 1, 2019).

[10] *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).

[11] *See B.M.,* Docket No. 26-0249 (issued May 26, 2026); *Y.D.,* Docket No. 16-1896 (issued February 10, 2017).

[12] *See J.H.*, Docket No. 20-1645 (issued August 11, 2025); *S.D.*, Docket No. 20-1255 (issued February 3, 2021); *F.H.*, Docket No. 18-1238 (issued January 18, 2019); *J.R.*, Docket No. 18-0206 (issued October 15, 2018).

[13] *See supra* note 11.

opinion regarding causal relationship which is unsupported by medical rationale.[14] Medical rationale is particularly necessary where, as here, there are preexisting conditions involving the same body parts.[15] As noted above, 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 medical evidence must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.[16] As Dr. Husar did not differentiate between appellant's preexisting condition and the effects of his accepted employment incident, his reports are insufficient to establish causal relationship.[17]

In reports, dated December 4 and 11, 2024, and January 10, 2025, Dr. Yang diagnosed cervical, lumbar and thoracic conditions following the December 3, 2024 employment incident. However, he failed to provide rationale for his conclusory opinion that the diagnosed conditions were caused or aggravated by the December 3, 2024 employment incident. The Board has held that medical evidence that does not offer a rationalized explanation by the physician of how the accepted employment incident physiologically caused or aggravated the diagnosed condition(s) is of limited probative value.[18] This evidence is therefore insufficient to establish the claim.

In a December 3, 2024 emergency room report, Dr. Kim noted that appellant was punched in the right lower jaw while transporting a patient and that he had complaints of jaw pain and headaches. In an addendum to the report, Dr. Khawaja found no acute pathology on CT scan imaging of the cervical, head, maxillofacial, chest, abdominal or pelvis. However, neither physician provided an opinion on causal relationship. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value.[19] Therefore, this evidence is insufficient to establish appellant's claim.

In a December 19, 2024 report, Dr. Islam stated that appellant was evaluated for exacerbation of his prior diagnoses triggered by the December 3, 2024 physical altercation incident, noting that appellant previously declined surgical procedures. In a January 6, 2025 report, Dr. Ma noted worsening bilateral lower extremity weakness, numbness, and instability requiring a quad cane. He stated that imaging showed cervical disc bulge at C5-6, thoracic cord impingement at T8-9, and lumbar extruded disc at L2-3. However, neither Dr. Islam nor Dr. Ma

[14] *C.B.,* Docket No. 26-0093 (issued February 23, 2026); *J.H.,* Docket No. 24-0415 (issued May 23, 2024); *C.C.,* Docket No. 15-1056 (issued April 4, 2016); *see T.M.,* Docket No. 08-975 (issued February 6, 2009); *Roma A. Mortenson-Kindschi,* 57 ECAB 418 (2006); *William C. Thomas,* 45 ECAB 591 (1994).

[15] *C.B., id.*; *R.W.,* Docket No. 19-0844 (issued May 29, 2020); *A.M.,* Docket No. 19-1138 (issued February 18, 2020); *A.J.,* Docket No. 18-1116 (issued January 23, 2019).

[16] *See supra* note 9; *D.T.,* Docket No. 23-1094 (issued January 5, 2024).

[17] *J.P.,* Docket No. 25-0507 (issued June 10, 2025); *P.G.,* Docket No. 24-0511 (issued June 26, 2024); *C.C.,* Docket No. 17-1841 (issued December 6, 2018); *Thomas Petrylak,* 39 ECAB 276, 281 (1987).

[18] *S.E.,* Docket No. 26-0036 (issued January 29, 2026); *T.L.,* Docket No. 23-0073 (issued January 9, 2023); *S.B.,* Docket No. 21-0646 (issued July 22, 2022); *V.D.,* Docket No. 20-0884 (issued February 12, 2021); *Y.D., supra* note 11.

[19] *Supra* note 10.

offered an opinion as to the causal relationship between a diagnosed medical condition and the accepted December 3, 2024 employment incident. As explained above, the Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value.[20] As such, this evidence is insufficient to establish appellant's burden of proof.

In February 4 and 6, 2025 notes, Dr. Choi, a Board-certified neurologist, stated that appellant's symptoms after the December 3, 2024 assault were concerning for cauda equina syndrome and thoracic myelopathy. He, however, has not offered a definitive diagnosis. Moreover, Dr. Choi's opinion that appellant's chronic low back pain could have been potentially aggravated by the December 3, 2024 assault was speculative in nature and is of limited probative value.[21] These reports were therefore insufficient to establish appellant's claim.

Appellant also submitted evidence from Ms. Rajan. The Board has held that certain healthcare providers such as physician assistants, nurse practitioners, and physical therapists are not considered physicians as defined under FECA.[22] Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to compensation benefits.[23]

The remaining evidence of record consisted of diagnostic testing. The Board, however, has held that reports of diagnostic tests, standing alone, lack probative value as they do not provide an opinion as to whether the accepted employment factors caused the diagnosed condition.[24] Thus, this evidence is insufficient to establish appellant's claim.

As the medical evidence of record is insufficient to establish a medical condition causally related to appellant's accepted December 3, 2024 employment incident, the Board finds that he has not met his burden of proof.

[20] *Supra* note 10; *see also B.C.,* Docket No. 25-0318 (issued March 21, 2025); *G.K.,* Docket No. 23-1060 (issued January 9, 2024); *J.H.,* Docket No. 20-1414 (issued April 5, 2022).

[21] *A.P.,* Docket No. 26-0065 (issued February 27, 2026); *S.L.,* Docket No. 23-0152 (issued May 16, 2023); *see L.L.,* Docket No. 21-0981 (issued July 1, 2022); *C.A.,* Docket No. 21-0601 (issued November 15, 2021); *J.P.,* Docket No. 19-0216 (issued December 13, 2019); *T.M., supra* note 14.

[22] 5 U.S.C. § 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, 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 therapists are not competent to render a medical opinion under FECA). *See also A.F.,* Docket No. 24-0469 (issued June 24, 2024) (a nurse practitioner is not considered a physician as defined under FECA).

[23] *Id.*

[24] *See C.B.*, *supra* note 14; *W.T.*, Docket No. 23-0323 (issued August 15, 2023); *V.Y.*, Docket No. 18-0610 (issued March 6, 2020); *G.S.*, Docket No. 18-1696 (issued March 26, 2019); *A.B.*, Docket No. 17-0301 (issued May 19, 2017).

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 appellant has not met his burden of proof to establish a medical condition causally related to the accepted December 3, 2024 employment incident.

ORDER

IT IS HEREBY ORDERED THAT the November 17, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: September 3, 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