United States Department of Labor
Employees' Compensation Appeals Board

S.M., Appellant	)	
and	)	**Docket No. 26-0516**
	)	**Issued: September 30, 2026**
DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION SEAGOVILLE, Seagoville, TX, Employer	)	

Appearances:
Mike Earl Woods, 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 May 13, 2026 appellant, through his representative, filed a timely appeal from a March 10, 2026 merit decision of the Office of Workers' Compensation Programs (OWCP).

[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.

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]

ISSUE

The issue is whether appellant has met his burden of proof to expand the acceptance of his claim to include additional conditions, as causally related to, or consequential to, the accepted August 8, 2019 employment injury.

FACTUAL HISTORY

On August 15, 2019 appellant, then a 59-year-old former utility system operator foreman, filed an occupational disease claim (Form CA-2), alleging that he sustained anxiety, depression, and a sleep disorder due to factors of his federal employment. He noted that he retired from federal employment on September 30, 2016, and that he first became aware of his condition and realized its relationship to factors of his federal employment on August 8, 2019. In an accompanying statement, appellant attributed his condition to discovering a coworker minutes after he committed suicide while on duty, awareness of other staff members who committed suicide, stopping an inmate from committing suicide, and being unsuccessful in saving another inmate from committing suicide. On the reverse side of the claim form, on June 23, 2021, the employing establishment noted that appellant first reported his condition to his supervisor on August 15, 2019, and that the Form CA-2 had been completed several years prior to June 23, 2021 but "never followed up."[4]

In an August 15, 2022 report, Dr. Antonio Rozier, a Board-certified physiatrist, recounted appellant's history of witnessing a coworker who had committed suicide on December 15, 2011, awareness that five other coworkers had committed suicide, and working with violent inmates. He diagnosed post-traumatic stress disorder (PTSD), and depression. Dr. Rozier opined that appellant's job duties contributed to PTSD, anxiety, and depression.

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[2] 5 U.S.C. § 8101 *et seq*.

[3] The Board notes that following the March 10, 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.*

[4] OWCP initially denied the claim by decision dated August 6, 2021. By decision dated January 20, 2022, however, OWCP's Branch of Hearings and Review vacated the August 6, 2021 decision. Following additional development, by *de novo* decision dated June 2, 2022, OWCP denied the claim as fact of injury had not been established. Following a November 10, 2022 oral hearing, by decision dated December 22, 2022, OWCP's hearing representative vacated OWCP's June 2, 2022 decision, and accepted as factual and compensable that on December 15, 2011 appellant "was required to investigate and came upon the body of an employing [establishment] staff member who had committed suicide by shooting himself." The hearing representative accepted as factual, but not compensable, that five employing establishment employees committed suicide while employed and one committed suicide after retirement. The hearing representative further found that appellant had not established as factual that he stopped an inmate from committing suicide or attempted to prevent another inmate from committing suicide. The hearing representative remanded the claim for referral to a psychiatrist for a second opinion evaluation.

In a January 27, 2023 statement of accepted facts (SOAF), OWCP accepted as a compensable factor of employment that on December 15, 2011 appellant "was required to investigate and came upon the body of an employing [establishment] staff member who had committed suicide by shooting himself[.]"

On February 1, 2023 OWCP referred appellant, the case record, the January 27, 2023 SOAF, and a series of questions to Dr. Irina Gromov, a Board-certified psychiatrist, for a second opinion evaluation.

In a February 24, 2023 report, Dr. Gromov reviewed the medical record and SOAF. She diagnosed PTSD, recurrent major depressive disorder, and generalized anxiety disorder. Dr. Gromov opined that the diagnosed conditions were causally related, in part, to having witnessed a coworker's suicide. In a work capacity evaluation for psychiatric and psychological conditions (Form OWCP-5a) of even date, she found appellant totally disabled from work.

OWCP accepted the claim for generalized anxiety disorder, major depressive disorder, recurrent, moderate, and PTSD, acute.

OWCP received reports from Dr. Rozier dated August 1, 2022 through October 23, 2023 reiterating prior diagnoses.

In a May 6, 2024 memorandum of telephone call (Form CA-110), OWCP noted that appellant's spouse reported that appellant was seriously injured in a nonoccupational motor vehicle accident due to the accepted emotional conditions.

In a development letter dated May 6, 2024, OWCP advised appellant of the evidence needed to establish a possible consequential injury causally related to the accepted August 8, 2019 employment injury. It afforded him 30 days to respond.

OWCP subsequently received an unsigned hospital after-visit summary for the period April 20 through May 1, 2024, listing diagnoses of primary trauma, C4 spinal cord injury, PTSD, psychosis, motor vehicle collision, neurogenic bowel, and neurogenic bladder.

In a May 2, 2024 rehabilitation facility admissions report, Dr. Ahmed Mahmoud, a Board-certified physiatrist, related appellant's history of an April 19, 2024 motor vehicle accident, after which he was found unconscious and unresponsive, and was administered Narcan. Dr. Mahmoud diagnosed status-post motor vehicle accident, C4 spinal cord injury, status-post C3-7 laminectomy with fusion, quadriplegia, and encephalopathy.

By decision dated June 11, 2024, OWCP denied expansion of the acceptance of the claim to include psychosis, and the injuries sustained in the April 19, 2024 motor vehicle accident. It found that the medical evidence of record was insufficient to establish that the foregoing was causally related to, or consequential to, the accepted employment injury.

On June 24, 2024 appellant, through his representative, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

A hearing was held on October 8, 2024.

By decision dated December 12, 2024, OWCP's hearing representative affirmed the June 11, 2024 decision.

OWCP subsequently received a November 18, 2024 report, wherein Dr. Rozier related that appellant sustained quadriplegia after a motor vehicle collision. Dr. Rozier noted that appellant had no illicit drug use. He diagnosed PTSD and depression.

In an August 21, 2025 statement, appellant's representative asserted that Dr. Gromov's February 24, 2023 report was sufficient to establish disability from work for the period February 24, 2023 through August 15, 2025. He submitted a copy of Dr. Gromov's February 24, 2023 Form OWCP-5a, which was previously of record.

In a September 8, 2025 development letter, OWCP requested that appellant provide an updated medical report regarding the nature and extent of the accepted conditions, and his work capacity.

In response, OWCP received a September 11, 2025 report wherein Dr. R. Anthony Moore, a Board-certified psychiatrist, related that appellant had exhibited markedly depressed mood, psychomotor retardation, suicidal ideation, morbid thinking, was ruminative, and had "marked feelings of despair and melancholy" commencing August 8, 2019. Dr. Moore opined that the accepted conditions had not resolved, as appellant ruminated repeatedly on his work colleagues who had committed suicide. He also opined that appellant's motor vehicle accident "was caused by his state of severe depression, melancholy, despair, and marked feelings of hopelessness." Dr. Moore found appellant totally disabled from work.

In a September 30, 2025 report, Dr. Rozier recounted that on April 19, 2024, prior to the motor vehicle accident, appellant spoke about work colleagues who committed suicide, including the officer he discovered on December 15, 2011. Appellant was delusional, removed his clothing, drove his car through the garage door, then sustained a severe motor vehicle accident resulting in quadriplegia. Dr. Rozier opined that the crash was "directly attributable to [appellant's] impaired psychological state, which was caused by" the identified work stressors.

OWCP subsequently received a September 2, 2025 report, wherein Dr. Moore related that on April 19 2024, shortly before the motor vehicle accident, appellant spoke of his coworkers who had committed suicide, including the officer he discovered. Dr. Moore opined that appellant's recurrent thoughts and memories were a significant cause of the accepted conditions, and that the motor vehicle accident "was directly caused by his state of mind from these work-related accepted stressors/injuries." In an addendum report and Form OWCP-5a of even date, he found appellant totally disabled from work.

On November 13, 2025 appellant, through his representative, requested reconsideration.

By decision dated February 11, 2026, OWCP denied modification of the December 12, 2024 decision. It found that medical reports dated November 18 and December 20, 2024, and August 21 and September 2, 11, and 30, 2025, were insufficient to establish that the psychotic episode appellant sustained on August 19, 2024, resulting in the motor vehicle accident and quadriplegia, was a natural consequence of the accepted emotional conditions with no intervening cause.

On February 15, 2026 appellant, through his representative, requested reconsideration. In support of the request, OWCP received a February 15, 2026 report wherein Dr. Moore explained that appellant's persistent and disturbing thoughts, including his discovery of a colleague who had died from a self-inflicted gunshot wound to the head, "contributed significantly to [his] ongoing psychosis." On April 19, 2024, appellant "experienced a severe mental health crisis" with unusual behavior, "left his home in a highly distressed state," drove erratically, and crashed, resulting in quadriplegia. Dr. Moore opined that appellant's recurring psychotic thoughts and memories were "directly attributable" to accepted PTSD and major depression, causing "a suicidal compulsion, leading [appellant] to deliberately crash his vehicle in an attempt to end his life. The motor vehicle accident was thus a direct result of his profound mental disturbance, brought on by uncontrolled work-related stressors and injuries that compelled him toward self-harm."

By decision dated March 10, 2026, OWCP denied modification of the February 11, 2026 decision.

LEGAL PRECEDENT

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] 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.[6] Thus, a subsequent injury, be it 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.[7]

To establish causal relationship between a specific condition, as well as any attendant disability claimed, and the employment injury, an employee must submit rationalized medical evidence.[8] The opinion of the physician must be based on a complete factual and medical background of the claimant, 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 factors identified by the claimant.[9]

[5] *See B.H.*, Docket No. 26-0479 (issued August 25, 2026); *N.M.,* Docket No. 26-0021 (issued March 11, 2026); *S.P.,* Docket No. 25-0669 (issued November 25, 2025); *M.M.,* Docket No. 19-0951 (issued October 24, 2019); *Jaja K. Asaramo,* 55 ECAB 200, 204 (2004).

[6] *See J.M.,* Docket No. 19-1926 (issued March 19, 2021); *I.S.,* Docket No. 19-1461 (issued April 30, 2020); *see also Charles W. Downey,* 54 ECAB 421 (2003).

[7] *J.M., id*.; *Susanne W. Underwood (Randall L. Underwood),* 53 ECAB 139, 141 n.7 (2001).

[8] *See V.A.,* Docket No. 21-1023 (issued March 6, 2023); *M.W.,* 57 ECAB 710 (2006); *John D. Jackson,* 55 ECAB 465 (2004).

[9] *E.P.,* Docket No. 20-0272 (issued December 19, 2022); *I.J.,* 59 ECAB 408 (2008).

ANALYSIS

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

In support of his expansion claim, appellant submitted a September 2, 2025 report, wherein Dr. Moore related that, shortly before the April 19, 2024 motor vehicle accident, appellant spoke of a coworker who had committed suicide. Dr. Moore opined that the motor vehicle accident "was directly caused by [appellant's] state of mind from these work-related accepted stressors/injuries." He explained in a September 11, 2025 report that appellant's rumination on his work colleagues who committed suicide was also attributable to his severe depression. Dr. Moore opined in a February 15, 2026 report that appellant had ongoing psychosis attributable, in part, to his persistent thoughts of discovering a colleague who had died from a self-inflicted gunshot wound to the head. These recurring psychotic thoughts culminated in appellant's attempt to commit suicide by deliberately crashing his vehicle on April 19, 2024. Dr. Moore concluded that "[t]he motor vehicle accident was thus a direct result of his profound mental disturbance, brought on by uncontrolled work-related stressors and injuries that compelled him toward self-harm."

It is well established that proceedings under FECA are not adversarial in nature and, while appellant has the burden of proof to establish entitlement to compensation, OWCP shares responsibility for the development of the evidence and to see that justice is done.[10]

While the Board finds that the reports dated September 2 and 11, 2025, and February 16, 2026 by Dr. Moore are not fully rationalized, taken together, they are sufficient to require further development of the evidence.[11]

On remand, OWCP shall refer appellant to a specialist in the appropriate field of medicine, along with the case record and an updated SOAF, for an evaluation and a well-rationalized opinion as to whether appellant's additional conditions were causally related to, or consequential to, the accepted employment injury.[12] If the physician opines that there is no additional diagnosed condition causally related to, or consequential to, the accepted employment injury, he or she must provide a rationalized explanation as to why their opinion differs from the opinion of Dr. Moore. After this and 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.

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[10] *See B.H.*, *supra* note 5; *A.K.,* Docket No. 20-1426 (issued March 8, 2021); *B.C.,* Docket No. 15-1853 (issued January 19, 2016); *E.J.,* Docket No. 09-1481 (issued February 19, 2010); *John J. Carlone*, 41 ECAB 354 (1989).

[11] *Id.*

[12] *See J.K.,* Docket No. 20-0816 (issued May 4, 2022); Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (May 2023); *C.C.,* Docket No. 19-1631 (issued February 12, 2020).

ORDER

IT IS HEREBY ORDERED THAT the March 10, 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: September 30, 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