United States Department of Labor
Employees' Compensation Appeals Board

S.W., Appellant	)	
and	)	**Docket No. 11-1957**
	)	**Issued: April 6, 2012**
U.S. POSTAL SERVICE, POST OFFICE, Kansas City, KS, Employer	)	

Appearances:
Appellant, pro se
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
RICHARD J. DASCHBACH, Chief Judge
COLLEEN DUFFY KIKO, Judge
MICHAEL E. GROOM, Alternate Judge

JURISDICTION

On August 26, 2011 appellant filed a timely appeal from a June 6, 2011 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.

ISSUE

The issue is whether appellant sustained low back or right-sided carpal tunnel conditions in the performance of duty.

FACTUAL HISTORY

Appellant, a 41-year-old rural carrier, filed a Form CA-2 claim for benefits on October 29, 2010, alleging that she developed low back and right carpal tunnel conditions causally related to employment factors. She asserted that repeated lifting and casing mail

[1] 5 U.S.C. § 8101 *et seq.*

resulted in a herniated disc and carpal tunnel syndrome in her right hand. Appellant first became aware that the conditions were work related on February 1, 2010.

On November 8, 2010 OWCP advised appellant that it required factual and medical evidence to determine whether she was eligible for compensation benefits. It asked her to submit a comprehensive report from a treating physician describing her symptoms and the medical reasons for her condition and an opinion as to whether her claimed condition was causally related to her federal employment. OWCP requested that appellant submit this evidence within 30 days. Appellant submitted several medical reports which were received by OWCP on December 3, 2010.

In a February 15, 2010 report, Dr. S.R. Reddy Katta, a specialist in internal medicine, advised that appellant had experienced chronic lower back pain for a long time; the pain had recently increased and radiated to her right lower extremity. Appellant also had numbness and tingling in her right lower extremity and in her hands, right more than the left, mainly at night. Dr. Katta attributed her lower back pain to degenerative disc disease with right lumbar radiculitis. He ruled out associated bilateral carpal tunnel syndrome.

Dr. Katta administered an electromyogram (EMG) and nerve conduction studies of both upper extremities which were suggestive of early left carpal tunnel syndrome. There was no evidence of ulnar nerve compression neuropathy or generalized peripheral neuropathy. Dr. Katta also administered epidural injections to alleviate appellant's low back pain. He advised her to avoid any activity that irritated her back and to continue off work at least for another two weeks. Appellant denied any specific injury.

Dr. Katta referred appellant for a magnetic resonance imaging (MRI) scan on February 18, 2010. The results of this test showed that she had a herniated nucleus pulposus at L5-S1 with right lumbar radiculopathy, in addition to degenerative disc disease. Appellant also had mild central spinal canal stenosis at L4-5 and mild-to-moderate right greater than left central spinal canal stenosis at L5-S1.

In a February 26, 2010 report, Dr. Brian N. Jones, a Board-certified anesthesiologist, stated that appellant had a three-year history of low back and right lower extremity pain. He advised that her symptoms were exacerbated by a fall she had in December 2009. Dr. Jones noted that appellant's low back pain was worsening and aggravated by sitting, standing, walking and lying down. He noted that she had a history of arthritis and carpal tunnel syndrome in her right hand.

Dr. Katta referred appellant to Dr. Mark J. Maguire, Board-certified in orthopedic surgery. In an April 2, 2010 report, Dr. Maguire noted that appellant's work required lifting and sorting at work, in addition to computer work. He asserted that repetitive activities aggravated the symptoms in her right hand, to the point where she was experiencing numbness and near-constant tingling in her fingers. Dr. Maguire noted that appellant had been diagnosed with carpal tunnel syndrome and recommended carpal tunnel release surgery.

In a May 12, 2010 follow-up report, Dr. Maguire stated that appellant had a carpal tunnel release performed on April 8, 2010, which had improved her condition. He noted that she had returned to work at the employing establishment.

In a June 18, 2010 report, Dr. Katta stated that appellant had chronic lower back pain with right lumbar radiculitis. Appellant had recent exacerbations of her back pain and had undergone an MRI scan which showed a herniated nucleus pulposus at L5-S1, with right lumbar radiculopathy. Dr. Katta noted that she had undergone physical therapy and received a lumbar epidural steroid injection, both of which had improved her condition, but the pain had recently returned. He diagnosed chronic lower back pain due to degenerative lumbar disc disease with right lumbar radiculopathy. Dr. Katta advised appellant to continue her home exercise program and medication and avoid any activity that irritated her back. He opined that she was disabled from full duty for at least the next two months.

In a July 28, 2010 report, Dr. Katta noted that appellant wanted to return to work on a light-duty basis and that he planned to release her to work beginning August 2, 2010.

In a report dated September 15, 2010, Dr. Katta stated that appellant had complaints of continued back pain and stiffness and muscle spasms. Appellant attempted to return to light duty on August 2, 2010; however, the employing establishment insisted that she return to full duty without restrictions. Dr. Katta stated that she remained impaired to return to work without restrictions at least until October 31, 2010. He projected that appellant could return to work without restrictions beginning November 1, 2010.

In an October 27, 2010 report, Dr. Katta stated that appellant continued to experience chronic lower back pain and right lumbar radiculitis with recent exacerbation of her back pain. He noted that she wanted to return to work when he saw her on September 15, 2010; she stated, however, that the employing establishment told her that her disc problem might cause her more discomfort if she had to pick up weights up to 70 pounds. Dr. Katta advised appellant to continue with her present medication and home exercise program and avoid any activity that irritated her back. Appellant was precluded from working full duty for the next three months.

By decision dated January 7, 2011, OWCP denied the claim, finding that appellant failed to submit medical evidence sufficient to establish that her low back or right carpal conditions were causally related to factors of employment.

On March 16, 2011 appellant requested reconsideration.

In a February 7, 2011 report, Dr. Katta reviewed appellant's treatment and reiterated his findings and conclusions.

In a March 2, 2011 report, Dr. Katta reiterated that appellant had chronic low back pain from degenerative disc disease with a herniated nucleus pulposus and right lumbar radiculopathy. Appellant also had associated bilateral carpal tunnel syndrome, right more than the left side. Dr. Katta advised that she had undergone carpal tunnel release on her right wrist on April 8, 2010. He found that appellant could return to work with restrictions on lifting, pulling or pushing more than 15 to 20 pounds and frequent bending. Dr. Katta recommended that she

change her position frequently from sitting to standing to walking on an as-needed basis every 30 to 45 minutes.

Dr. Katta advised that carpal tunnel syndrome typically was more common in people who used their hands on a repetitive basis. He was unsure as to the cause of appellant's degenerative disc disease and carpal tunnel syndrome, but because she was required to pick up weights up to 70 pounds and did not experience a specific injury or one particular incident at home, she "might have" sustained her lumbar disc at work. Dr. Katta indicated that persons who pick up weights of up to 70 pounds sometimes "mess up" their backs. Due to her work as a mail carrier, appellant was also prone to carpal tunnel syndrome. Dr. Katta reiterated that she was capable of returning to light duty in the event the employing establishment had such work available.

By decision dated June 6, 2011, OWCP denied modification of the January 7, 2011 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA[2] has the burden of establishing that 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 within the applicable time limitation period of FECA, that an injury was sustained in the performance of duty as alleged, and that any disability and/or specific condition for which compensation is claimed are causally related to the employment injury.[3] 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.[4]

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit the following: (1) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; (2) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; and (3) medical evidence establishing that the employment factors identified by the claimant were the proximate cause of the condition for which compensation is claimed or, stated differently, medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the claimant. The medical evidence required to establish causal relationship is usually rationalized medical evidence. Rationalized medical opinion evidence is medical evidence which includes a physician's rationalized opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors. 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

[2] *Id*.

[3] *Joe D. Cameron*, 41 ECAB 153 (1989); *Elaine Pendleton*, 40 ECAB 1143 (1989).

[4] *Victor J. Woodhams*, 41 ECAB 345 (1989).

nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant.[5]

Appellant has the burden of establishing by the weight of the substantial, reliable and probative evidence, a causal relationship between her claimed low back and right carpal tunnel conditions and her federal employment. This burden includes providing medical evidence from a physician who concludes that the disabling condition is causally related to employment factors and supports that conclusion with sound medical reasoning.[6]

ANALYSIS

The Board finds that appellant failed to submit sufficient medical evidence to establish that her claimed low back and right carpal tunnel conditions were causally related to factors of employment. For this reason, she has not discharged her burden of proof.

With regards to her claimed low back condition, appellant submitted reports from Drs. Katta and Jones, who related findings of chronic lower back pain, right lumbar radiculopathy, degenerative lumbar disc disease, herniated nucleus pulposus at L5-S1 and right-sided carpal tunnel syndrome. Neither of these physicians, however, provided a probative, rationalized medical opinion that the claimed conditions or disability were causally related to employment factors. In his February 15, 2010 report, Dr. Katta noted complaints of long-term, chronic lower back pain which radiated to her right lower extremity, in addition to numbness and tingling. He diagnosed degenerative disc disease with right lumbar radiculitis. Dr. Katta advised that appellant had experienced a recent exacerbation of her back pain which resulted in disability from work, though she denied any specific injury. Appellant underwent a February 18, 2010 MRI scan which revealed a herniated nucleus pulposus at L5-S1, right lumbar radiculopathy, degenerative disc disease, mild central spinal canal stenosis at L4-5 and mild-to-moderate central spinal canal stenosis at L5-S1. Dr. Katta continued to treat her for these conditions through 2010 and 2011 and opined that she could return to work on light duty.

Dr. Katta indicated in several reports that appellant wanted to return to work but was unable to do so because the employing establishment only had full duty available. In his October 27, 2010 report, he noted that appellant wanted to return to work when he saw her on September 15, 2010, but the employing establishment told her that her disc problem might cause her more discomfort if she had to pick up weights up to 70 pounds. In a March 2, 2011 report, Dr. Katta stated that she continued to experience chronic low back pain but could return to work with restrictions on lifting, pulling or pushing more than 15 to 20 pounds and frequent bending. He advised appellant to change positions every 30 to 45 minutes. Dr. Katta was unsure as to the cause of her degenerative disc disease and carpal tunnel syndrome; he stated, however, she "might have" damaged her lumbar disc at work because she was required to pick up weights up to 70 pounds and did not experience a specific injury or one particular incident at home. He advised that persons who lift weights up to 70 pounds sometimes "mess up" their backs. Dr. Jones advised in his February 26, 2010 report that appellant had a three-year history of low

[5] *Id.*

[6] *See Nicolea Bruso*, 33 ECAB 1138, 1140 (1982).

back and right lower extremity pain, which had been aggravated by sitting, standing, walking and lying down. He asserted that her symptoms were exacerbated by a fall she sustained in December 2009.

The opinions of Drs. Katta and Jones, however, are of limited probative value as they do not contain any medical rationale explaining how appellant's claimed lower back condition was physiologically related to factors of employment.[7] The weight of medical opinion is determined by the opportunity for and thoroughness of examination, the accuracy and completeness of a physician's knowledge of the facts of the case, the medical history provided, the care of analysis manifested and the medical rationale expressed in support of stated conclusions.[8] These physicians did not sufficiently describe appellant's job duties or explain the medical process through which such duties would have been competent to cause the claimed condition. Moreover, while Drs. Katta and Jones indicated that appellant had experienced chronic back pain for several years, including a significant exacerbation in December 2009 they did not address her preexisting back condition in any detail or how appellant's work duties were competent to cause the diagnosed conditions. Dr. Katta's opinion on causation is of limited probative value for the further reason that it is generalized in nature and equivocal in that he stated that appellant "might have" damaged her lumbar disc at work because she was required to pick up heavy weights.

Appellant submitted reports from Drs. Katta and Maguire in support of her claim for a right-sided carpal tunnel condition. In his February 15, 2010 report, Dr. Katta stated that she had numbness and tingling in her hands, primarily in her right hand. He ruled out bilateral carpal tunnel syndrome associated with appellant's low back condition at that time. Dr. Katta administered EMG and nerve conduction studies of both upper extremities which he found indicative of early left carpal tunnel syndrome. Dr. Maguire stated in his April 2, 2010 report that appellant had been experiencing long-term difficulties with her right hand. He opined that she engaged in repetitive activities like lifting, sorting and computer work which aggravated the symptoms in her right hand, to the extent where she was experiencing numbness and near-constant tingling in her fingers. Dr. Maguire stated that appellant had been diagnosed with carpal tunnel syndrome and recommended a right carpal tunnel release, which she underwent on April 8, 2010. He advised in a May 12, 2010 report that the procedure had improved her condition and that she had returned to work with the employing establishment. Dr. Katta stated in his March 2, 2011 report that appellant had bilateral carpal tunnel syndrome, right more than the left side, which he associated with her low back condition. He noted that she had carpal tunnel release performed on her right wrist on April 8, 2010. Dr. Katta advised that carpal tunnel syndrome was more common in people who use their hands on a repetitive basis. He opined that appellant's work as a mail carrier could also make her prone to carpal tunnel syndrome.

The opinions of Drs. Katta and Maguire, however, are of limited probative value as they do not contain any medical rationale explaining how appellant's job duties physiologically caused the diagnosed condition of right-sided carpal tunnel syndrome. Their reports thus did not constitute adequate medical evidence to establish that appellant's claimed right-sided carpal tunnel condition was causally related to her employment.

[7] *William C. Thomas*, 45 ECAB 591 (1994).

[8] *See Anna C. Leanza*, 48 ECAB 115 (1996).

An award of compensation may not be based on surmise, conjecture or speculation. Neither the fact that appellant's condition became apparent during a period of employment nor is the belief that her condition was caused, precipitated or aggravated by her employment sufficient to establish causal relationship.[9] Causal relationship must be established by rationalized medical opinion evidence and appellant failed to submit such evidence.

OWCP advised appellant of the evidence required to establish her claim; however, she failed to submit such evidence. Consequently, appellant has not met her burden of proof in establishing that her claimed lower back and right-sided carpal tunnel conditions were causally related to her employment. Accordingly OWCP properly found in its January 7 and June 6, 2011 decisions that appellant did not sustain these conditions in the performance of duty.

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 failed to meet her burden of proof in establish that her claimed low back and right-sided carpal tunnel conditions were sustained in the performance of duty.

[9] *Id.*

ORDER

IT IS HEREBY ORDERED THAT the June 6, 2011 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: April 6, 2012
Washington, DC

Richard J. Daschbach, Chief Judge
Employees' Compensation Appeals Board

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

Michael E. Groom, Alternate Judge
Employees' Compensation Appeals Board