

his condition on October 20, 2020 and realized its relation to his federal employment on January 13, 2021. Appellant did not stop work.

In a medical report dated January 13, 2021, Justin Juelich, a physician assistant, related that appellant was experiencing sharp, burning, and shooting pain in the lower back, which radiated down his bilateral lower extremities to the ankles. He performed a physical examination of the lumbar spine and diagnosed a lumbar degenerative disc with radiculopathy and low back pain.

A diagnostic report dated April 21, 2021 from Dr. Jerome Puryear, Jr., a Board-certified radiologist, indicated that a magnetic resonance imaging (MRI) scan of appellant's lumbar spine, revealed a multilevel dehydrated disc and degenerative changes throughout the lumbar spine.

In a medical report dated June 3, 2021, Dr. Richard Picerno, a Board-certified orthopedist, related that appellant had been experiencing bilateral knee pain for over six months and that he was experiencing a loss of strength in the knee in addition to persistent popping, bruising, stiffness, and swelling. He reviewed x-rays and diagnosed bilateral knee osteoarthritis.

On December 23, 2021 the employing establishment controverted appellant's claim, contending that he had not provided evidence to establish that his medical conditions were causally related to his work-related factors.

In an undated statement, appellant noted that his official duties as a mail handler included continuously holding bundles of magazines, parcels, and papers that weighed up to 10 pounds. He further related that his duties required him to repetitively reach, twist, and stretch for two hours. Appellant would also load and unload bulk mail throughout buildings, push and pull heavy containers, trays, and sacks of mail. He also sorted packages weighing up to 70 pounds, and would stand on his feet during his entire shift. Appellant noted that he retired from federal service on March 31, 2021.

In a development letter dated December 29, 2021, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence needed to establish his claim and provided a questionnaire for his completion. In a separate development letter of even date, OWCP requested that the employing establishment provide comments from a knowledgeable supervisor regarding the accuracy of appellant's allegations. It afforded both parties 30 days to respond.

OWCP received additional evidence. In a duty status report (Form CA-17) dated January 12, 2022, an unidentifiable healthcare provider noted that appellant was a mail handler and indicated that he injured himself when he lifted heavy sacs of mail onto a conveyor belt. Appellant was diagnosed with bilateral knee osteoarthritis and lumbar degenerative disc with radiculopathy.

In an attending physician's report (Form CA-20) dated January 12, 2022, Dr. Fady El-Bahri, a Board-certified orthopedist, noted a history of injury that appellant developed lower back pain, which radiated down his leg. He diagnosed degenerative disc disease and bulging lumbar discs. Dr. El-Bahri affirmatively indicated, by checking a box marked "Yes," that appellant's conditions were caused or aggravated by the claimed factors of his federal employment, including heavy lifting, bending, squatting, standing for long periods of time, and repetitive movements. In

a separate Form CA-20 of even date, he diagnosed bilateral knee osteoarthritis and also checked a box marked “Yes,” indicating that appellant’s bilateral knee condition was caused or aggravated by his work-related duties.

By decision dated February 16, 2022, OWCP accepted that appellant established a diagnosed medical condition causally related to the accepted employment factors. However, it denied his claim, finding that the medical evidence of record was insufficient to establish causal relationship between the diagnosed conditions and the accepted factors of his federal employment.

LEGAL PRECEDENT

An employee seeking benefits under FECA² has the burden of proof to establish the essential elements of his or her claim by the weight of the reliable, probative, and substantial evidence, 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 or specific condition for which compensation is claimed is causally related to the employment injury.³ These are the essential elements of every compensation claim regardless of whether the claim is predicated on 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, an employee must submit the following: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.⁵

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.⁶ A physician’s opinion on whether there is causal relationship between the diagnosed condition and the implicated employment factor(s) must be based on a complete factual and medical background.⁷ Additionally, the physician’s opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical

² *Supra* note 1.

³ *K.V.*, Docket No. 18-0947 (issued March 4, 2019); *M.E.*, Docket No. 18-1135 (issued January 4, 2019); *Kathryn Haggerty*, 45 ECAB 383, 388 (1994).

⁴ *K.V. and M.E., id.*; *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁵ *R.G.*, Docket No. 19-0233 (issued July 16, 2019). *See also Roy L. Humphrey*, 57 ECAB 238, 241 (2005); *Ruby I. Fish*, 46 ECAB 276, 279 (1994); *Victor J. Woodhams*, 41 ECAB 345 (1989).

⁶ *T.H.*, 59 ECAB 388, 393 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

⁷ *M.V.*, Docket No. 18-0884 (issued December 28, 2018).

rationale explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factor(s).⁸

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a medical condition causally related to the accepted factors of his federal employment.

In support of his claim, appellant submitted CA-20 forms dated January 12, 2022 from Dr. El-Bahri, who diagnosed a lumbar degenerative disc with radiculopathy, bulging lumbar discs, and bilateral knee osteoarthritis. In both forms, Dr. El-Bahri checked a box marked "Yes" indicating that his conditions were caused or aggravated by the accepted employment factors. While these reports generally support causal relationship, he did not offer medical rationale sufficient to explain how and why he believed that the accepted employment factors resulted in or contributed to the diagnosed conditions. When a physician's opinion on causal relationship consists only of checking a box marked "Yes" in response to a form question, without rationale explaining causal relationship, that opinion has limited probative value and is insufficient to establish a claim.⁹

Dr. Picerno provided a June 3, 2021 medical report, wherein he examined appellant's knee pain and diagnosed bilateral knee osteoarthritis. He, however, did not address the cause of appellant's bilateral osteoarthritis. 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 on the issue of causal relationship.¹⁰ Thus, the Board finds that Dr. Picerno's report is of no probative value on the issue of causal relationship and is insufficient to establish appellant's burden of proof.

OWCP also received a Form CA-17 dated January 12, 2022 from an unidentifiable health care provider. The Board has held that reports that are unsigned or bear an illegible signature lack proper identification and cannot be considered probative medical evidence as the author cannot be identified as a physician.¹¹ Therefore, this report is also insufficient to establish appellant's claim.

Appellant further submitted a January 13, 2021 report from Mr. Juelich, a physician assistant, who diagnosed degenerative disc and spondylolisthesis. The Board has long held that medical reports signed solely by a physician assistant, registered nurse, or medical assistant are of

⁸ *Id.*; *Victor J. Woodhams, supra* note 6.

⁹ *J.K.*, Docket No. 20-0527 (issued May 24, 2022); *J.K.*, Docket No. 20-0590 (issued July 17, 2020); *J.A.*, Docket No. 17-1936 (issued August 13, 2018); *Donald W. Long*, 41 ECAB 142 (1989); *Lillian M. Jones*, 34 ECAB 379, 381 (1982).

¹⁰ *R.I.*, Docket No. 21-0033 (issued May 18, 2021); *E.G.*, Docket No. 20-1191 (issued April 5, 2021); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹¹ *L.B.* Docket No. 21-0353 (issued May 23, 2022); *T.D.*, Docket No. 20-0835 (issued February 2, 2021); *R.C.*, Docket No. 19-0376 (issued July 15, 2019); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *Merton J. Silis*, 39 ECAB 572, 575 (1988).

no probative value as such healthcare providers are not considered physicians as defined under FECA and are, therefore, not competent to provide medical opinions.¹²

The record also contains an MRI scan of appellant's lumbar spine signed by Dr. Puryear. However, diagnostic studies, standing alone, lack probative value and are, therefore, insufficient to establish the claim.¹³

As the medical evidence of record is insufficient to establish causal relationship between appellant's diagnosed medical conditions and the accepted employment factors, the Board finds that he has not met his burden of proof.

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 factors of his federal employment.

¹² Section 8101(2) of FECA 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. 5 U.S.C. § 8101(2); 20 C.F.R. § 10.5(t). *See also* Federal (FECA) Procedure Manual, Part 2 -- *Claims, Causal Relationship*, Chapter 2.805.3a(1) (January 2013); *R.L.*, Docket No. 19-0440 (issued July 8, 2019) (a physician assistant is not considered a physician as defined under FECA); *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).

¹³ *J.K.*, Docket No. 20-0591 (issued August 12, 2020); *see A.B.*, Docket No. 17-0301 (issued May 19, 2017).

ORDER

IT IS HEREBY ORDERED THAT the February 16, 2022 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 12, 2022
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

James D. McGinley, Alternate Judge
Employees' Compensation Appeals Board