

**United States Department of Labor
Employees' Compensation Appeals Board**

_____)	
A.M., Appellant)	
)	
and)	Docket No. 24-0219
)	Issued: April 15, 2024
DEPARTMENT OF HOMELAND SECURITY,)	
TRANSPORTATION SECURITY)	
ADMINISTRATION, Las Vegas, NV, Employer)	
_____)	

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

Case Submitted on the Record

DECISION AND ORDER

Before:
ALEC J. KOROMILAS, Chief Judge
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On December 30, 2023 appellant filed a timely appeal from a July 5, 2023 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act¹ (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 OWCP properly determined that appellant's employment-related acute pulmonary coccidioidomycosis had resolved as of July 5, 2023.

FACTUAL HISTORY

On October 5, 2022 appellant, then a 36-year-old compliance inspection and support officer, filed an occupational disease claim (Form CA-2) alleging that on April 9, 2022 she first

¹ 5 U.S.C. § 8101 *et seq.*

realized that she had contracted a fungal Valley Fever infection (*Coccidioides*). She explained that she was infected with the regional disease while she was on deployment in temporary duty status. Appellant did not realize that it had been caused by her federal duties until April 23, 2022. She stopped work on April 16, 2022 and returned to work on April 17, 2022.

Accompanying her claim was a July 25, 2022 report from Dr. Aneesh T. Narang, a physician Board-certified in emergency medicine, who diagnosed appellant's condition as coccidioidomycosis or fungal infection. He explained that the fungus lived in the soil in southwestern United States and that breathing in the fungus spores in the air could cause Valley Fever. According to Dr. Narang, most people who were infected by Valley Fever would recover on their own within weeks or months. However, some people have a more severe illness that requires medication to treat the fungal infection and ongoing care. Dr. Narang advised that the average treatment in similar cases was three to six months. With respect to appellant, he related that she exhibited more severe illness symptoms and required targeted medical and referral to an infectious disease specialist for follow-up treatment.

In progress reports dated from April 26 through September 1, 2022, Dr. Aman Dalal, a Board-certified physician in infectious disease, noted that appellant was hospitalized on April 11, 2022 for shortness of breath. Appellant's blood work with screening for Valley Fever came back positive and she was informed that she required antifungal therapy for six to nine months. During her follow-up appointment on September 1, 2022, Dr. Dalal noted that appellant's respiratory status was gradually improving and that she would return to the office as needed.

On May 25, 2023 OWCP referred appellant, along with a statement of accepted facts (SOAF), a list of questions, and medical record, to Dr. Zev Lagstein, a physician Board-certified in cardiology and internal medicine, for a second opinion evaluation regarding appellant's diagnosed condition.

In a report dated June 1, 2023, Dr. Lagstein, based upon a review of the medical record, injury history, SOAF, questions, and physical examination, diagnosed appellant's condition as acute pulmonary coccidioidomycosis, which he attributed to her work in Arizona in 2022. He noted that appellant was not currently taking any medication and did not require regular medical care. Dr. Lagstein related appellant physical examination findings and concluded that at the current time appellant was totally asymptomatic and free of disease. He also noted that appellant had completed approximately three months of treatment for her acute coccidioidomycosis. Dr. Lagstein concluded that appellant had totally recovered from her diagnosed acute coccidioidomycosis. In an attached work capacity evaluation for cardiovascular/pulmonary conditions (Form OWCP-5b), he found appellant capable of returning to her job with no restrictions, noting that she was not currently taking any medication.

By decision dated July 5, 2023, OWCP accepted acute pulmonary coccidioidomycosis, which had resolved by June 1, 2023, the date of Dr. Lagstein's report.

LEGAL PRECEDENT

Once OWCP accepts a claim, it has the burden of justifying termination or modification of an employee's compensation benefits.² It may not terminate compensation without establishing that the disability ceased, or that it was no longer related to the employment injury.³ OWCP's burden of proof in terminating compensation includes the necessity of furnishing rationalized medical opinion evidence based on a proper factual and medical background.⁴

The right to medical benefits for an accepted condition is not limited to the period of entitlement to compensation for disability.⁵ To terminate authorization for medical treatment, OWCP must establish that the employee no longer has residuals of an employment-related condition that require further medical treatment.⁶

ANALYSIS

The Board finds that OWCP properly determined that appellant's employment-related acute pulmonary coccidioidomycosis had resolved as of July 5, 2023.

In his July 25, 2022 report, Dr. Narang related that appellant would require from three to six months of treatment for her diagnosed pulmonary coccidioidomycosis condition. Appellant continued to seek treatment with Dr. Dalal. In his September 1, 2022 report, Dr. Dalal noted that appellant's respiratory status was gradually improving and that she would return to the office as needed.

OWCP thereafter referred appellant to Dr. Lagstein, for a second opinion evaluation. In his June 1, 2023 report, Dr. Lagstein noted that appellant had been treated for acute pulmonary coccidioidomycosis and that the treatment led to a complete resolution of her condition. In support of this conclusion, he related that she was not taking any medication for the condition, did not require regular medical care, and was totally asymptomatic. Dr. Lagstein also related normal physical examination findings. He also concluded that appellant was capable of returning to her job with no restrictions.

² *K.C.*, Docket No. 23-0526 (issued December 22, 2023); *A.M.*, Docket No. 18-1243 (issued October 7, 2019); *Gewin C. Hawkins*, 52 ECAB 242, 243 (2001); *Alice J. Tysinger*, 51 ECAB 638, 645 (2000).

³ *K.C., id.*; *S.P.*, Docket No. 19-0196 (issued June 24, 2020); *R.P.*, Docket No. 17-1133 (issued January 18, 2018); *Jason C. Armstrong*, 40 ECAB 907 (1989); *Charles E. Minnis*, 40 ECAB 708 (1989); *Vivien L. Minor*, 37 ECAB 541 (1986).

⁴ *K.C., id.*; *D.G.*, Docket No. 19-1259 (issued January 29, 2020); *M.C.*, Docket No. 18-1374 (issued April 23, 2019); *Del K. Rykert*, 40 ECAB 284, 295-96 (1988).

⁵ *K.C., id.*; *S.P., supra* note 3; *J.W.*, Docket No. 19-1014 (issued October 24, 2019); *L.W.*, Docket No. 18-1372 (issued February 27, 2019).

⁶ *K.C., id.*; *D.G., supra* note 4; *L.S.*, Docket No. 19-0959 (issued September 24, 2019); *R.P.*, Docket No. 18-0900 (issued February 5, 2019).

The Board finds that OWCP properly relied upon Dr. Lagstein's opinion that appellant's right acute pulmonary coccidioidomycosis was causally related to her work-related activities and that the condition had resolved. Dr. Lagstein's opinion was sufficiently rationalized and based on physical examination as well as review of the medical records.⁷

The Board therefore finds that OWCP met its burden of proof to establish that, while appellant's acute pulmonary coccidioidomycosis was work related, it had resolved as of July 5, 2023.

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 OWCP properly determined that appellant's employment-related acute pulmonary coccidioidomycosis had resolved as of July 5, 2023.⁸

⁷ See *P.B.*, Docket No. 21-0894 (issued February 8, 2023); *D.W.*, Docket No. 20-0885 (issued June 11, 2021); *M.L.*, Docket No. 13-0442 (issued September 3, 2013).

⁸ On appeal, appellant argues that she has outstanding medical bills for treatment for the accepted employment injury. The Board has held that in order to be entitled to reimbursement of medical expenses, it must be shown that the expenditures were incurred for treatment of the effects of an employment-related injury or condition. See *J.R.*, Docket No. 17-1523 (issued April 3, 2018); *Bertha L. Arnold*, 38 ECAB 282, 284 (1986). Additionally, appellant argues that she is entitled to wage-loss compensation for attending medical appointments related to the accepted injury. The Board has held that for a routine medical appointment, a maximum of four hours of compensation for time lost to obtain medical treatment is usually allowed. See Federal (FECA) Procedure Manual, Part 2 -- Claims, *Compensation Claims*, Chapter 2.901.19c (February 2013); see also *M.B.*, Docket No. 22-0422 (issued April 3, 2023); *K.A.*, Docket No. 19-0679 (issued April 6, 2020); *William A. Archer*; 55 ECAB 674 (2004). Upon return of the case record, OWCP should consider appellant's request for reimbursement of medical expenses and payment for the appropriate wage-loss compensation for time lost for appellant's medical appointments.

ORDER

IT IS HEREBY ORDERED THAT the July 5, 2023 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: April 15, 2024
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board