United States Department of Labor
Employees' Compensation Appeals Board

S.M., Appellant	)	
and	)	**Docket No. 24-0692**
	)	**Issued: August 29, 2024**
DEPARTMENT OF THE NAVY, NORFOLK NAVAL SHIPYARD, Portsmouth, VA, Employer	)	

Appearances:
Alan J. Shapiro, Esq., for the appellant[1]
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
ALEC J. KOROMILAS, Chief Judge
VALERIE D. EVANS-HARRELL, Alternate Judge
JAMES D. McGINLEY, Alternate Judge

JURISDICTION

On June 17, 2024 appellant, through counsel, filed a timely appeal from a May 31, 2024 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 expand the acceptance of his claim to include cervical and lumbar conditions causally related to, or as a consequence of, the accepted September 21, 2012 employment injury.

FACTUAL HISTORY

This case has previously been before the Board on different issues.[3] The facts and circumstances set forth in the Board's prior decisions and order are incorporated herein by reference. The relevant facts are as follows.

On September 21, 2012 appellant, then a 43-year-old marine electrician, filed a traumatic injury claim (Form CA-1) alleging that on that date a one-half inch steel plate fell on his right leg causing a right lower leg contusion. OWCP accepted the claim, assigned OWCP File No. xxxxxx449, for a contusion of the right leg. Appellant stopped work on September 22, 2012, and returned to work on January 8, 2013.[4]

OWCP previously accepted that appellant sustained a right lateral collateral ligament sprain and a right medial meniscus tear on July 26, 2008, assigned OWCP File No. xxxxxx817. Appellant also filed a traumatic injury claim alleging an injury to his neck and lower back on February 15, 2008; however, OWCP denied the claim, assigned OWCP File No. xxxxxx188, as untimely filed.

On November 20, 2012 Dr. Paul J. Pontier, a Board-certified internist, noted that appellant had previously received treatment for his leg injury from another physician. He advised that he now had "pain in the right neck that has been there since the accident." Dr. Pontier noted that appellant had a history of a C7 disc injury. He diagnosed neck trauma and to rule out an occult fracture, neck pain, and resolving hematoma.

In a report dated December 14, 2012, Dr. David Goss, a Board-certified orthopedic surgeon, evaluated appellant for neck pain and noted that he received treatment for his right leg after a work injury in September 2012. He discussed appellant's complaints of "ongoing, but worsening, neck pain since the accident." Dr. Goss noted that he had a preexisting C7 spinous process fracture due to a 1991 motor vehicle accident (MVA). He found ongoing neck pain after a workers' compensation injury and diagnosed cervicalgia.

On December 20, 2012 Dr. Pontier diagnosed neck pain under orthopedic care and resolved trauma to the calf. In an attending physician's report (Form CA-20) of even date, he indicated by checking a box marked "Yes" that appellant's condition was caused or aggravated by an employment injury but did not provide a diagnosis or history of injury, instead referring to his accompanying narrative report.

[3] Docket No. 16-1142 (issued March 15, 2017); Docket No. 22-0723 (issued October 12, 2022).

[4] Appellant retired effective January 12, 2016.

On January 7, 2013 Dr. Michael Romash, a Board-certified orthopedic surgeon, treated appellant for his left calf contusion. He noted that he also had shoulder and neck problems being attended to elsewhere. Dr. Romash found that the contusion had resolved.

In a February 1, 2013 report, Dr. Goss indicated that appellant had returned following a computerized tomography (CT) scan of the cervical spine. He advised that it was not a workers' compensation injury. Dr. Goss found mild cervical stenosis at C5-6 and diagnosed cervicalgia. He provided progress reports describing his treatment of appellant in 2013 and 2014. On April 22, 2013 Dr. Goss evaluated appellant for pain in the lower lumbar spine. He diagnosed ongoing axial back pain and sciatica with mild lumbar pathology based on a magnetic resonance imaging (MRI) scan.

On August 19, 2013 Dr. Goss diagnosed cervical spinal stenosis with ongoing axial neck pain and radiculitis. He advised that he had "no opinion concerning whether or not [appellant's] current complaints are related to a 2008 injury."

An MRI scan of the cervical spine, obtained on September 1, 2014, showed mild-to-moderate cervical degenerative disc disease greatest at C5-6 and a disc osteophyte complex resulting in mild canal narrowing and mild-to-moderate bilateral degenerative stenosis. An October 6, 2015 cervical MRI scan showed no significant change. A lumbar MRI scan of even date showed a laminectomy at L4-5, mild degenerative disc disease, and a right L4-5 foraminal annular tear and broad-based disc herniation. A September 10, 2021 lumbar MRI scan revealed facet joint fluid, more on the right, a disc bulge at L3-4 and L4-5, and bilateral neural foraminal narrowing at L4-5.

On December 8, 2021 appellant's counsel requested that OWCP expand its acceptance of OWCP File No. xxxxxx449 to include an aggravation of lumbar intervertebral disc disorder, lumbar radiculopathy, lumbar spondylosis, spinal stenosis of the lumbar region, lumbar spondylolisthesis, lumbar post laminectomy syndrome, cervical spondylosis, cervical spinal stenosis, and a synovial cyst of the lumbar spine. In support of his request, appellant submitted a September 15, 2021 report from Dr. John Shutack, a Board-certified neurosurgeon. Dr. Shutack diagnosed chronic low back pain, degeneration of a lumbar intervertebral disc, a history of surgery on the lumbar spinal structure, lumbar radiculopathy, lumbar spondylosis, spinal stenosis of the lumbar region, lumbar spine instability, lumbar spondylolisthesis, lumbar post laminectomy syndrome, cervical spondylosis, neck pain, cervical spinal stenosis, and a lumbar synovial cyst.

In a December 15, 2021 development letter, OWCP informed appellant that the evidence was insufficient to warrant expansion of the acceptance of his claim to include additional conditions. It advised him of the factual and medical evidence needed to establish a consequential claim and afforded him 30 days to submit the necessary evidence.

Subsequently, OWCP received progress reports dated 2021 from Dr. Surya N. Challa, a Board-certified surgeon, who diagnosed chronic pain syndrome, radiculopathy due to a lumbar intervertebral disc disorder, and varicose veins of the lower extremity.

OWCP further received progress reports dated 2013 and 2014 from Dr. Goss and reports dated 2014 from a physician assistant. In a May 20, 2013 report, Dr. Goss advised that appellant

was "well known to me, with both cervical and lumbar complaints. At this point, he states that he remembers injuring his neck during the course of employment." Dr. Goss noted that appellant wanted to obtain approval for treatment from workers' compensation. He found ongoing axial back pain and sciatica and axial neck pain with radiculitis.

In a report dated January 24, 2023, Dr. Ajit Chary, who specializes in pulmonology and critical care, discussed appellant's complaints of pain in his neck, back and right knee, and numbness and tingling in his feet that he maintained began in September 2012 while at work. He reviewed appellant's work duties and the history of the September 21, 2012 employment injury. Dr. Chary noted that he felt neck and back pain immediately after the injury. He indicated that appellant had a history of knee surgery in 2014 and a lumbar decompression at L3-5 in 2014. On examination Dr. Chary found a positive straight leg raise and decreased sensation of the bilateral lower extremities. He reviewed the results of diagnostic testing. Dr. Chary opined that appellant's September 21, 2012 employment injury, the lack of timely treatment for his back, neck, and leg, and performing his repetitive job duties caused unilateral post-traumatic osteoarthritis of the right knee, right sciatica, cervical spondylosis, lumbar spondylosis, cervical stenosis, lumbosacral stenosis, a bursal cyst at an unspecified site, post laminectomy syndrome, and unspecified polyneuropathy. He provided rationale for each diagnosis. Dr. Chary noted that when the metal plate pushed appellant to the ground, he had landed on his back and the weight of the plate "caused compression and irritation to the nerve" resulting in sciatica. He further opined that the incident caused an overstretching of the neck muscles and cervical spine misalignment resulting in pain, and that the lack of treatment and appellant's return to full duty resulted in cervical disc space loss. The employment injury, lack of treatment, and the wear and tear resulting from working full duty further caused lumbar spondylosis and stenosis. Dr. Chary advised that the degeneration of the lumbar facet joints due to appellant's lack of treatment and full-duty work caused a bursal cyst. He attributed appellant's post laminectomy syndrome to his 2014 lumbar surgery, which he found resulted from failing to obtain proper treatment after his September 21, 2012 injury and performing repetitive job duties. Dr. Chary additionally found that the lack of treatment and appellant continuing to work caused demyelination of the nerves and unspecified polyneuropathy.

By decision dated February 6, 2023, OWCP denied appellant's request to expand the acceptance of the claim to include additional conditions causally related to the September 21, 2012 employment injury. It found that Dr. Chary failed to address the 1991 MVA and thus did not rely on a complete and accurate medical history. OWCP further found that he had attributed the conditions, in part, to work duties.

On February 14, 2023 appellant, through counsel, requested a telephonic hearing before a representative of OWCP's Branch of Hearings and Review.

Following a preliminary review, by decision dated June 26, 2023, OWCP's hearing representative vacated the February 6, 2023 decision. The hearing representative noted that OWCP denied the claim, in part, as Dr. Chary did not rely on a complete and accurate factual and medical history. The hearing representative found, however, that the statement of accepted facts (SOAF) was incomplete, noting that it failed to include the 1991 MVA and diagnosis of C7 spinus fracture. The hearing representative instructed OWCP, on remand, to combine OWCP File Nos. xxxxxx817, xxxxxx188, and xxxxxx449, provide appellant with an updated SOAF, and issue a new development letter, followed by a *de novo* decision.

In a July 29, 2023 report, Dr. Chary provided diagnoses and findings consistent with those of his January 24, 2023 report.

In a development letter dated June 30, 2023, OWCP advised appellant of the deficiencies of his claim and noted that the January 24, 2023 report from Dr. Chary was insufficient to support claim expansion. It afforded him 30 days to submit supporting evidence and provided him with an updated SOAF of even date. OWCP further advised him that it had administratively combined OWCP File Nos. xxxxxx817, xxxxxx188, and xxxxxx817, with the latter serving as the master file.

On August 3, 2023 OWCP referred appellant along with the case record, a SOAF, and a series of questions to Dr. James R. Schwartz, a Board-certified orthopedic surgeon, for a second opinion examination.

In a report dated September 22, 2023, Dr. Schwartz provided his review of the SOAF, the history of injury, and the medical evidence of record. He discussed appellant's complaints of pain and paresthesia of the right more than left lower extremity. On examination Dr. Schwartz observed lumbar extension barely beyond neutral, a negative straight leg raise, and loss of sensation in the right foot and areas of the right lower leg. He diagnosed a right knee lateral collateral ligament sprain and medial meniscus tear. Dr. Schwartz advised that there was "a long gap between any indication of lumbar radiculopathy from the initial injury." He opined that it was difficult to attribute the lumbar spine injury with radiculopathy to the method of injury. Dr. Schwartz asserted that there was no medical evidence showing "any additional injury to the lumbar intervertebral disc, lumbar radiculopathy, lumbar spondylosis, spinal stenosis, lumbar spondylolisthesis, lumbar post laminectomy syndrome, cervical spondylosis, cervical regional spinal stenosis, and lumbar synovial cyst. Symptoms of axial skeletal problems are not contemporaneous with the medical records following the injury of September 21, 2012." Dr. Schwartz opined that based on the lack of records showing skeletal problems within months of the injury, he would not "assume that any of the above diagnosis in the axial skeleton are posttraumatic. These are preexisting degenerative conditions and, as I have noted, cannot be related to this specific injury in 2012."

In a progress report dated December 6, 2023, Dr. Shutack treated appellant for lumbar post laminectomy syndrome, lumbar radiculopathy, lumbar spine instability, lumbar spondylolisthesis, lumbar spondylosis, lumbar disc degeneration, cervical spondylosis, chronic low back pain, lumbar spinal stenosis, neck pain, cervical radiculopathy, and cervical spinal stenosis.

In a supplemental report dated December 13, 2023, Dr. Schwartz reviewed additional medical evidence, including Dr. Chary's July 29, 2023 report. He again noted that there was no medical evidence showing that the September 21, 2012 employment injury caused or aggravated any additional conditions. Dr. Schwartz opined that the additional records referred to treatment of his spine but failed to address causation between his condition and his accepted knee injury. He advised that his original opinion had not changed and that there was "no causal relationship of his spine condition to the injury of September 21, 2012." Dr. Schwartz advised that he was evaluating appellant for a 2012 injury, not a 2008 injury.

By decision dated December 14, 2023, OWCP denied appellant's request to expand the acceptance of his claim to include additional conditions causally related to the accepted September 21, 2012 employment injury.

On December 19, 2023 appellant, through counsel, requested a telephonic hearing before a representative of OWCP's Branch of Hearings and Review.

An MRI scan of the cervical spine obtained on January 10, 2024 showed degenerative changes particularly at C5-6 with mild-to-moderate central canal narrowing and moderately severe bilateral foraminal stenosis.

The record contains progress reports from Dr. Shutack dated January 17, 2024 and Dr. Mary Cobb, a Board-certified neurosurgeon, dated February 13, 2024.

A telephonic hearing was held on March 15, 2024. Appellant related that he had no back or neck pain from 2008 to 2012. He advised that he had complained of pain after his September 21, 2012 injury but was told he was not covered. Appellant's gait changed after his knee injury.

Electrodiagnostic testing dated March 26, 2024 revealed no cervical radiculopathy but mild bilateral ulnar neuropathy and moderate right median neuropathy.

In an April 9, 2024 discharge summary, Dr. Cobb noted that appellant had undergone an anterior cervical discectomy and fusion at C4-6.

By decision dated May 31, 2024, OWCP's hearing representative affirmed the December 14, 2023 decision.

LEGAL PRECEDENT

Where 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]

The medical evidence required to establish causal relationship between a specific condition, as well as any attendant disability claimed, and the employment injury, is rationalized medical opinion evidence.[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 opinion of the physician must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale,

[5] *L.M.*, Docket No. 23-1040 (issued December 29, 2023); *J.R.*, Docket No. 20-0292 (issued June 26, 2020); *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004).

[6] *C.S.*, Docket No. 23-0746 (issued December 11, 2023); *T.C.*, Docket No. 19-1043 (issued November 8, 2019); *M.W.*, 57 ECAB 710 (2006); *John D. Jackson*, 55 ECAB 465 (2004).

[7] *E.M.*, Docket No. 18-1599 (issued March 7, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

explaining the nature of the relationship between the diagnosed condition and the specific employment factor(s) identified by the claimant.[8]

The employee also bears the burden of proof to establish a claim for a consequential injury.[9] In discussing the range of compensable consequences, once the primary injury is causally connected with the employment, the question is whether compensability should be extended to a subsequent injury or aggravation related in some way to the primary injury. The basic rule is that a subsequent injury, whether 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.[10]

ANALYSIS

The Board finds that appellant has not met his burden of proof to expand the acceptance of his claim to include cervical and lumbar conditions as causally related to, or as a consequence of, the accepted September 21, 2012 employment injury.

In reports dated January 24 and July 29, 2023, Dr. Chary opined that a combination of appellant's September 21, 2012 employment injury, his failure to obtain timely treatment following the injury, and performing his repetitive job duties caused the diagnosed conditions of unilateral post-traumatic osteoarthritis of the right knee, right sciatica, cervical spondylosis, lumbar spondylosis, cervical stenosis, lumbosacral stenosis, a bursal cyst at an unspecified site, post laminectomy syndrome, and unspecified polyneuropathy. He provided rationale for each diagnosis, explaining how the combination of the mechanism of injury with the failure to obtain treatment and performing full duty resulted in the described conditions. Dr. Chary, however, failed to evidence knowledge of appellant's prior 1991 MVA, which resulted in a C7 spinal fracture. Medical reports based on an incomplete or inaccurate history are of limited probative value.[11] Dr. Chary did not explain the gap in time between the accepted September 2012 employment injury and the onset of the claimed conditions or differentiate between the effects of the employment injury and his preexisting cervical condition.[12] Consequently, his reports are insufficient to meet appellant's burden of proof.

Dr. Schwartz, OWCP's referral physician, concluded in his September 22, 2023 report and December 6, 2023 supplemental report that the additional conditions were not causally related to the accepted employment injury based on the lack of contemporary findings. He explained that

[8] *D.W.*, Docket No. 22-0136 (issued October 10, 2023); *M.V.*, Docket No. 18-0884 (issued December 28, 2018); *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345 (1989).

[9] *T.A.*, Docket No. 21-0798 (issued January 31, 2023); *V.K.*, Docket No. 19-0422 (issued June 10, 2020); *A.H.*, Docket No. 18-1632 (issued June 1, 2020); *I.S.*, Docket No. 19-1461 (issued April 30, 2020).

[10] *A.J.*, Docket No. 23-0404 (issued September 8, 2023); *K.S.*, Docket No. 17-1583 (issued May 10, 2018).

[11] *See B.C.*, Docket No. 24-0336 (issued March 19, 2024); *S.B.*, Docket No. 21-0646 (issued July 22, 2022); *D.H.*, Docket No. 21-0537 (issued October 18, 2021); *S.R.*, Docket No. 14-1086 (issued February 26, 2015) (medical conclusions based on an incomplete or inaccurate factual background are of limited probative value).

[12] *See A.L.*, Docket No. 18-1706 (issued May 20, 2019); *S.F.*, Docket No. 18-0444 (issued October 4, 2018); *E.D.*, Docket No. 16-1854 (issued March 3, 2017); *L.B.*, Docket No. 14-1687 (issued June 10, 2015).

there was an extensive gap between appellant's complaints of lumbar radiculopathy and his initial injury. Dr. Schwartz further noted that he had not had complaints of other axial skeletal problems contemporaneous with the injury. He concluded that appellant had preexisting degenerative conditions unrelated to the 2012 employment injury. Dr. Schwartz found that the evidence failed to support claim expansion to include a lumbar intervertebral disc condition, lumbar radiculopathy, lumbar spondylosis, spinal stenosis, lumbar spondylolisthesis, lumbar post laminectomy syndrome, cervical spondylosis, cervical regional spinal stenosis, and lumbar synovial cyst. As Dr. Schwartz' opinion is well rationalized and based on the evidence of record, the Board finds that his opinion constitutes the weight of the medical evidence.[13]

The remaining evidence of record is insufficient to establish that appellant sustained additional conditions causally related to or as a consequence of his accepted employment injury. Dr. Shutack submitted reports dated September 15, 2021 through January 17, 2024 diagnosing chronic low back pain, degeneration of a lumbar intervertebral disc, a history of surgery on the lumbar spinal structure, lumbar radiculopathy, lumbar spondylosis, spinal stenosis of the lumbar region, lumbar spine instability, lumbar spondylolisthesis, lumbar post laminectomy syndrome, cervical spondylosis, neck pain, cervical spinal stenosis, and a lumbar synovial cyst. He did not, however, address causation. 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.[14] Therefore, this evidence is insufficient to establish expansion of the claim.

On November 20, 2012 Dr. Pontier discussed appellant's complaints of right neck pain since his leg injury. He noted that he had a history of a C7 disc injury and diagnosed neck trauma, to rule out a fracture, and resolving hematoma. However, Dr. Pontier failed to specifically attribute the neck trauma to the accepted employment injury, and thus his opinion is insufficient to meet appellant's burden of proof. In a Form CA-20 dated December 20, 2012, Dr. Pontier indicated by checking a box marked "Yes" that appellant's condition was caused or aggravated by an employment injury but did not provide a diagnosis or history of injury. The Board has held that when a physician's opinion on causal relationship consists only of responding "Yes" to a form question, without more by the way of medical rationale, that opinion is of limited probative value and is insufficient to establish causal relationship.[15] Moreover, he referenced an accompanying report where he found neck pain. The Board has held that pain is a description of a symptoms, not a clear diagnosis of a medical condition.[16] As such, this evidence is insufficient to establish that appellant's claim should be expanded.

[13] *See J.H.*, Docket No. 24-0415 (issued May 23, 2024); *J.T.*, Docket No. 23-1176 (issued March 19, 2024); *L.L.*, Docket No. 22-0733 (issued May 9, 2023); *A.C.*, Docket No. 21-1093 (issued July 21, 2022).

[14] *A.S.*, Docket No. 21-1263 (issued July 24, 2023); *A.P.*, Docket No. 18-1690 (issued December 12, 2019); *J.H.*, Docket No. 19-0383 (issued October 1, 2019); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

[15] *D.B.*, Docket No. 24-0552 (issued July 31, 2024); *D.S.*, Docket No. 22-0323 (issued September 26, 2022); *J.A.*, Docket No. 18-1586 (issued April 9, 2019); *Lillian M. Jones*, 34 ECAB 379, 381 (1982).

[16] *S.P.*, Docket No. 24-0409 (issued June 27, 2024); *D.R.*, Docket No. 18-1408 (issued March 1, 2019); *D.A.*, Docket No. 18-0783 (issued November 8, 2018).

In a December 14, 2012 report, Dr. Goss noted that appellant complained of worsening neck pain after the September 2012 work injury. He noted the presence of neck pain, or cervicalgia, after a workers' compensation injury. Again, however, pain is a description of a symptom rather than a medical diagnosis.[17] Medical reports lacking a firm diagnosis and reasoned medical opinion regarding causal relationship are of no probative value.[18] Therefore, this evidence is insufficient to meet appellant's burden of proof.

On February 1, 2013 Dr. Goss noted that appellant had undergone a cervical CT scan for a nonworkers' compensation injury. He diagnosed mild C5-6 stenosis and cervicalgia. On April 22, 2013 Dr. Goss found axial back pain with sciatica. On August 19, 2013 he diagnosed cervical spinal stenosis with axial neck pain and radiculitis. Dr. Goss advised that he did not know whether appellant's complaints were related to a 2008 employment injury. As he failed to relate a diagnosed condition to the accepted September 21, 2012 employment injury, his opinion is of no probative value on the issue of expansion of the claim.[19]

The record contains additional progress reports from Dr. Goss, Dr. Cobb, and Dr. Challa; however, these reports fail to address causation and thus are of no probative value.[20]

Appellant additionally submitted the results of diagnostic testing. However, the Board has held that diagnostic studies, standing alone, lack probative value on the issue of causal relationship as they do not provide an opinion as to whether the accepted employment factors caused a diagnosed condition.[21] Consequently, this evidence is insufficient to meet appellant's burden to expand the acceptance of his claim.

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 expand the acceptance of his claim to include cervical and lumbar conditions as causally related to, or as a consequence of, the accepted September 21, 2012 employment injury.

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[17] *Id*.

[18] *See A.F.*, Docket No. 24-0469 (issued June 24, 2024); *A.C.*, Docket No. 20-1510 (issued April 23, 2021); *J.P.*, Docket No. 20-0381 (issued July 28, 2020); *R.L.*, Docket No. 20-0284 (issued June 30, 2020).

[19] *See supra* note 14.

[20] *See supra* note 14; *see also G.J.*, Docket No. 22-1083 (issued November 7, 2022) *V.R.*, Docket No. 19-0758 (issued March 16, 2021); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

[21] *See M.P.*, Docket No. 23-1131 (issued June 18, 2024); *V.A.*, Docket No. 21-1023 (issued March 6, 2023); *M.K.*, Docket No. 21-0520 (issued August 23, 2021).

ORDER

IT IS HEREBY ORDERED THAT the May 31, 2014 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: August 29, 2024
Washington, DC

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

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

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