

FACTUAL HISTORY

On January 5, 2024 appellant, then a 35-year-old carrier technician, filed an occupational disease claim (Form CA-2) alleging that he developed sacroiliac back pain due to factors of his federal employment including delivering and receiving mail and packages both in his vehicle and on foot. He noted that he first became aware of his condition in November 2023 when he noticed pain in his left knee after two to three hours of continuous walking and, by mid-December, it became unbearable to walk up and down steps. On the reverse side of the claim form, the employing establishment contended that appellant first reported his condition on December 14, 2023 and stopped work on January 2, 2024. Appellant returned to full-time modified duty with restrictions on February 9, 2024.

OWCP received a December 14, 2023 work restriction note from Dr. Chong-Yand Tan, an osteopathic Board-certified family physician, who related that appellant should limit his walking to two hours per day for the next three weeks.

OWCP also received documents from Heather Day, a nurse practitioner. Ms. Day noted diagnoses of sacroiliitis, sacrocoxalgia of the sacrum left side, and low back strain.

In a development letter dated January 11, 2024, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of medical and factual evidence necessary to establish his claim and provided a questionnaire for his completion. OWCP afforded appellant 60 days to respond.

In a January 29, 2024 progress note, Dr. Kathy Chang, a Board-certified occupational medicine specialist, recounted that appellant, a mail carrier, walked up to 8 to 13 miles per day. She further related that on December 13, 2023 appellant experienced left knee pain. Appellant was seen at Kaiser Permanente urgent care on December 14, 2023 where left knee x-rays showed no obvious fractures. His symptoms then worsened to low back pain as well as left leg pain. Appellant was seen at primary care on December 18, 2023 with possible diagnosis of lumbar radiculopathy. Lumbar spine x-rays revealed no obvious fractures. Appellant then reported to the emergency department on January 1, 2024 with severe low back pain. The lumbar computerized tomography (CT) scan revealed findings of left sacroiliitis. Dr. Chang indicated that appellant was not working, and that he had a past medical history of lumbar strain in 2015. She provided examination findings, and diagnosed lumbar muscle sprain, lumbar radiculopathy and sacroiliac joint sprain. Dr. Chang placed appellant on light duty.

OWCP also received a January 29, 2024 occupational health work status report and a January 29, 2024 duty status report (Form CA-7) from Dr. Chang, wherein she diagnosed lumbar muscle strain, lumbar radiculopathy, and sacroiliac joint sprain. Dr. Chang provided work restrictions. In a January 29, 2024 attending physician's report, she provided a history of jarring of lumbosacral spine. Dr. Chang diagnosed lumbosacral sacroiliac joint sprain which she opined with a checkmark "yes" was caused or aggravated by the employment activity described.

In a January 1, 2024 emergency department report, Ms. Day related irregularity in the left sacroiliac joint, possibly representing degenerative joint disease or sacroiliitis. A January 1, 2024

computerized tomography (CT) scan of appellant's lumbar spine revealed irregularity in the left sacroiliac joint, possibly degenerative joint disease or sacroiliitis.

A February 8, 2024 Form CA-16 authorization for examination and/or treatment by Dr. Chang was provided for the condition of a lumbosacral joint sprain.

In a subsequent development letter dated February 16, 2024, OWCP indicated that it had performed an interim review of appellant's case file, and found that the evidence remained insufficient to support his claim. It further reminded him that by letter of January 11, 2024 it had afforded him 60 days to submit the requested information.

In a February 20, 2024 progress note and February 20 and March 12, 2024 occupational health work status reports, Dr. Chang related diagnoses of sacroiliac joint sprain and lumbar muscle strain. In the February 20, 2024 progress note, she related that appellant developed low back pain with left radiculopathy at work. Dr. Chang recounted that he walked quite a bit, up to 8 to 13 miles per day, as a mail carrier and she described his medical history regarding his back condition as of December 13, 2023. She noted that appellant needed a statement that his low back pain occurred at work. Dr. Chang concluded that his prolonged walking caused low back pain at work.

In a March 6, 2024 letter, Dr. Chang opined that the diagnoses of sacroiliac joint sprain and lumbar muscle strain were caused by appellant's work activities.

In a February 19, 2024 report, Dr. Briana Welch, a specialist in physiatry, reported that appellant, a mail carrier, presented for left sacroiliac (SI) joint injection. She indicated that his work required driving a mail truck and walking up to 8 to 13 miles per day. Dr. Welch reported that appellant started his job as a mail carrier a few months prior to the onset of left low back pain which began during the normal course of work on December 13, 2023. She also noted that he had a lumbar strain in 2015, which resolved with conservative treatment. Dr. Welch noted examination findings and diagnosed sacroiliac joint sprain. She provided work restrictions and an SI joint injection.

By decision dated March 29, 2024, OWCP denied appellant's occupational disease claim, finding that the medical evidence of record was insufficient to establish a medical condition causally related to the accepted factors of his federal employment.

LEGAL PRECEDENT

An employee seeking benefits under FECA³ has the burden of proof to establish the essential elements of his or her claim, including 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 of FECA, that an injury was sustained in the performance of duty as alleged, and that any disability or medical condition for which compensation is claimed is causally related to the

³ *Supra* note 1.

employment injury.⁴ 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.⁵

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit: (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 identified employment factors by the claimant.⁶

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.⁷ The opinion of the physician must be based on a complete factual and medical background, 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.⁸ Neither the mere fact that a disease or condition manifests itself during a period of employment, nor the belief that the disease or condition was caused or aggravated by employment factors is sufficient to establish causal relationship.⁹

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 a January 29, 2024 progress note, Dr. Chang noted the history of appellant's work injury and his medical course, including findings on diagnostic testing, and provided examination findings. She diagnosed lumbar muscle sprain, lumbar radiculopathy and sacroiliac joint sprain and placed appellant on modified activity. In her January 29 and March 12, 2024 occupational health work status reports and a January 29, 2024 Form CA-7, Dr. Chang also diagnosed a lumbosacral sacroiliac joint sprain and provided work restrictions. However, she did not offer an opinion on the cause of appellant's diagnosed conditions. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no

⁴ *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁵ *B.H.*, Docket No. 20-0777 (issued October 21, 2020); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett*, 41 ECAB 992 (1990).

⁶ *N.E.*, Docket No. 23-1155 (issued February 8, 2024); *S.H.*, Docket No. 22-0391 (issued June 29, 2022); *T.W.*, Docket No. 20-0767 (issued January 13, 2021); *L.D.*, Docket No. 19-1301 (issued January 29, 2020); *S.C.*, Docket No. 18-1242 (issued March 13, 2019).

⁷ *D.S.*, Docket No. 21-1388 (issued May 12, 2022); *I.J.*, Docket No. 19-1343 (issued February 26, 2020); *T.H.*, 59 ECAB 388 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

⁸ *D.S.*, *id.*; *D.J.*, Docket No. 19-1301 (issued January 29, 2020).

⁹ *T.M.*, Docket No. 22-0220 (issued July 29, 2022); *S.S.*, Docket No. 18-1488 (issued March 11, 2019); *see also J.L.*, Docket No. 18-1804 (issued April 12, 2019).

probative value on the issue of causal relationship.¹⁰ These reports are therefore insufficient to establish appellant's claim.

While Dr. Chang, in her January 29, 2024 attending physician's report, addressed causal relationship by providing a checkmark "yes" that the diagnosed lumbosacral sacroiliac joint sprain was caused or aggravated by employment factors, the Board has held that an opinion on causal relationship with an affirmative check mark, without more by way of medical rationale, is insufficient to establish the claim.¹¹

In her February 20, 2024 progress note, Dr. Chang diagnosed sacroiliac joint sprain and lumbar muscle strain, and related that appellant developed low back pain with left radiculopathy at work, noting that he walked quite a bit, up to 8 to 13 miles per day, as a mail carrier. She concluded that his prolonged walking caused low back pain at work. In her March 6, 2024 letter, Dr. Chang continued to opine that the diagnoses of sacroiliac joint sprain and lumbar muscle strain were caused by appellant's work. In these reports, she supported causal relationship between his employment factors and his diagnosed conditions. Dr. Chang, however, did not provide rationale explaining, pathophysiologically, how the accepted employment factors caused or contributed to the diagnosed conditions. The Board has held that the physician must offer a rationalized explanation of how the specific employment incident or work factors physiologically caused injury.¹² For these reasons, Dr. Chang's reports are insufficient to establish the claim.

While Dr. Welch, in her February 19, 2024 report, diagnosed sacroiliac joint sprain and provided work restrictions, she did not provide an opinion as to the cause of appellant's condition. As noted, 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.¹³ Thus, these reports are insufficient to establish the claim.

¹⁰ *C.R.*, Docket No. 23-0330 (issued July 28, 2023); *K.K.*, Docket No. 22-0270 (issued February 14, 2023); *S.J.*, Docket No. 19-0696 (issued August 23, 2019); *M.C.*, Docket No. 18-0951 (issued January 7, 2019); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹¹ *See F.M.*, Docket No. 23-0977 (issued February 6, 2024); *J.H.*, Docket No. 23-0159 (issued August 1, 2023); *C.S.*, Docket No. 18-1633 (issued December 30, 2019); *D.S.*, Docket No. 17-1566 (issued December 31, 2018); *Lillian M. Jones*, 34 ECAB 379, 381 (1982).

¹² *D.S.*, Docket No. 23-0218 (issued June 26, 2021); *G.R.*, Docket No. 21-1196 (issued March 16, 2022); *K.J.*, Docket No. 21-0020 (issued October 22, 2021); *L.R.*, Docket No. 16-0736 (issued September 2, 2016); *J.R.*, Docket No. 12-1099 (issued November 7, 2012); *Douglas M. McQuaid*, 52 ECAB 382 (2001).

¹³ *See supra* note 11.

Appellant also submitted documents signed by a nurse practitioner. The Board has long held that certain healthcare providers such as physician assistants, nurse practitioners, and physical therapist are not considered physicians as defined under FECA.¹⁴ Their medical findings, reports and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits.¹⁵ Consequently, the reports from Ms. Day are also insufficient to establish the claim.

The remaining medical evidence of record consists of diagnostic studies, including the January 1, 2024 CT of lumbar spine. The Board has held that diagnostic studies, standing alone, lack probative value, and are insufficient to establish the claim.¹⁶ Therefore, this evidence is also insufficient to establish the claim.

As the evidence of record is insufficient to establish a medical condition causally related to the accepted employment factors, the Board finds that appellant has not met his burden of proof.¹⁷

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.

¹⁴ 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* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (May 2023); *L.S.*, Docket No. 19-1231 (issued March 30, 2021) (a physician assistant and nurse practitioner are not considered physicians as defined under FECA); *R.L.*, Docket No. 19-0440 (issued July 8, 2019) (a physical therapist 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).

¹⁵ *Id.*

¹⁶ *J.K.*, Docket No. 20-0591 (issued August 12, 2020); *A.B.*, Docket No. 17-0301 (issued May 19, 2017).

¹⁷ The record indicates that a Form CA-16, Authorization for Medical Treatment, was issued to Dr. Chang on February 8, 2024. When the employing establishment properly executes a Form CA-16 which authorizes medical treatment as a result of an employee's claim for an employment-related injury, the Form CA-16 creates a contractual obligation, which does not involve the employee directly, to pay for the cost of the examination or treatment regardless of the action taken on the claim. The period for which treatment is authorized by a Form CA-16 is limited to 60 days from the date of issuance, unless terminated earlier by OWCP. *See* 20 C.F.R. § 10.300(c); *Tracy P. Spillane*, 54 ECAB 608 (2003).

ORDER

IT IS HEREBY ORDERED THAT the March 29, 2024 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 2, 2024
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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