

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

C.K., Appellant)	
)	
and)	Docket No. 24-0583
)	Issued: June 27, 2024
DEPARTMENT OF HOMELAND SECURITY,)	
U.S. IMMIGRATION AND CUSTOMS)	
ENFORCEMENT, New York, NY, Employer)	
)	

Appearances:
Russell T. Uliase, Esq., for the appellant
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
ALEC J. KOROMILAS, Chief Judge
PATRICIA H. FITZGERALD, Deputy Chief Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On May 9, 2024 appellant, through counsel, filed a timely appeal from a November 13, 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 appellant has met her burden of proof to expand the acceptance of her claim to include cervical spinal stenosis at C5-6, lumbar stenosis, cervical disc disorder with myelopathy, cervical radiculopathy, cervical and thoracic strains/sprains, a herniated disc at L3-4, right hip acetabular labral tears, and cervical, thoracic, and lumbar myofascial pain syndrome as causally related to the accepted April 18, 2017 employment injury.

¹ 5 U.S.C. § 8101 *et seq.*

FACTUAL HISTORY

On April 20, 2017 appellant, then a 41-year-old deportation officer, filed a traumatic injury claim (Form CA-1) alleging that on April 18, 2017 she injured her left middle finger, knees, and right hip when she fell to the pavement as she was apprehending a suspect while in the performance of duty. OWCP accepted the claim for contusions of the right hip, left hand, and bilateral knees.

OWCP received a series of diagnostic test results.

An August 15, 2017 electromyogram (EMG) yielded normal findings.

By decision dated September 11, 2017, OWCP denied expansion of the acceptance of her claim to include internal derangement of the hips, right shoulder, knees, and cervical, thoracic, and lumbar spine, sacroiliitis, and lumbar sprain/strain.

On September 21, 2017 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

In a November 15, 2017 report, Dr. Michael J. Katz, a Board-certified orthopedic surgeon, obtained a history of a suspect falling on appellant when she tried to apprehend him and her badge getting caught on grating causing her to strain her neck. He noted that she worked five to six hours per day at a desk job. Dr. Katz indicated that she was in two motor vehicle accidents (MVAs) in 1996, including one where she was struck by a vehicle while riding a bicycle. He provided findings on examination and diagnosed cervical derangement with herniated discs from C2 to C7, lumbar derangement with herniated discs at L3-4, right shoulder tendinosis, right hip derangement with acetabular labral tears, and bilateral knee derangement with medial meniscal tears. Dr. Katz attributed the diagnoses to the April 18, 2017 employment injury.

By decision dated February 28, 2018, OWCP denied expansion of the acceptance of the claim to include spinal stenosis of cervical region C4-5 and C5-6, lumbar stenosis, post-concussion syndrome, cervical disc disorder with myelopathy, bilateral meniscus tears, right hip bursitis, cervical radiculopathy, cervical strain/sprain, thoracic strain/sprain, herniated discs at C2-3, C4-5, C5-6, and C6-7, herniated discs at L3-4, right shoulder tendinosis, right hip acetabular labral tears, cervical myofascial pain syndrome, thoracic myofascial pain syndrome, and lumbar myofascial pain syndrome.

On March 8, 2018 appellant, through counsel, requested an oral hearing on the February 28, 2018 decision before a representative of OWCP's Branch of Hearings and Review.

A March 26, 2018 MRI scan of the cervical spine demonstrated disc herniations at C4-5 effacing the ventral cord with moderate central canal stenosis and marked bilateral foraminal stenosis impinging the exiting bilateral C5 nerve roots, C5-6 left lateralizing disc rotation effacing the ventral cord causing moderate central canal stenosis and severe left foraminal stenosis impinging the exiting left C6 nerve root, and disc herniations at C3-4 and C6-7 without cord compression. An MRI scan of the lumbar spine of even date demonstrated L4-5 right foraminal/far lateral disc herniation causing moderate right foraminal stenosis abutting the exiting L4 nerve root on the right.

An EMG and nerve conduction velocity (NCV) study, obtained on June 14, 2018, revealed left S1 dysfunction, left sensory only carpal tunnel syndrome, and right C5-6 radiculopathy.

A June 15, 2018 MRI scan of the cervical spine demonstrated findings at C2-3 and C6-7 consistent with the May 31, 2017 MRI scan, a right paracentral herniation at C3-4 that now had limited superior extrusion and continued cord compression, a broad-based central herniation at C4-5 with cord compression and C6 impingement, and a broad central herniation at C5-6 with thecal sac impingement, cord compression, and exiting C6 root impingement causing moderate foraminal stenosis.

By decision dated May 15, 2018, OWCP's hearing representative affirmed the September 11, 2017 expansion decision.

A hearing was held on July 25, 2018 regarding OWCP's February 28, 2018 decision.

On August 15, 2018 Dr. Katz provided the same history of injury and diagnoses as in his October 2017 report. He opined that appellant's neck and back injuries occurred due to the mechanism of torsion and her impact on the hard surface when she was thrown to the ground trying to arrest the suspect. Dr. Katz advised that wrestling with the suspect caused displacement of the cervical and lumbar discs as demonstrated by diagnostic studies. He also attributed the right shoulder tendinosis to fraying of the supraspinatus tendon when appellant tried to restrain the suspect. Dr. Katz further attributed her right hip tears to torsion when she tried to restrain the suspect, and the bilateral knee tears to twisting and torsion during the apprehension.

By decision dated October 5, 2018, OWCP's hearing representative vacated OWCP's February 28, 2018 decisions. She remanded the case for further development of the issue of whether appellant's claim should be expanded to include spinal, right hip, and bilateral knee conditions. The hearing representative noted that head trauma was negated in the initial emergency department report. She found that Dr. Katz' August 15, 2018 report contained an inaccurate history of injury, but was sufficient to require further development.

On October 17, 2018 appellant, through counsel, requested reconsideration of the May 15, 2018 decision.

OWCP referred appellant, together with a statement of accepted facts (SOAF), to Dr. Leon Sultan, a Board-certified orthopedic surgeon, for a second opinion examination regarding further treatment and work capacity.

In a report dated March 26, 2019, Dr. Sultan discussed appellant's history of injury and provided his review of the medical evidence. He noted that she was in a MVA on April 16, 2018 that had caused a neck injury. Dr. Sultan provided examination findings. He opined that appellant required no further treatment for her employment-related conditions and that she could resume her usual work duties. Dr. Sultan found that she had sustained a temporary aggravation of a preexisting cervical condition. He asserted that appellant had sustained contusions of the right hip and knees due to the accepted work injury. Dr. Sultan opined that she was partially disabled from April 18 to June 5, 2017.

On May 17, 2019 OWCP requested that Dr. Sultan provide a supplemental report providing rationale in support of his opinion.

In an addendum report dated May 30, 2019, Dr. Sultan related that appellant was no longer disabled at the time of his March 26, 2019 examination, but that she had temporary partial disability from April 18 to June 5, 2017, the amount of time it took to recover from soft tissue injuries. Regarding the right hip and bilateral knees, he related that his examination revealed clinically stable right hip and bilateral knee conditions with no motor impairment or neurological deficit. Dr. Sultan found the findings on MRI scan did not correlate with his findings on examination.

On December 17, 2019 OWCP expanded its acceptance of the claim to include a resolved temporary aggravation of a preexisting cervical spine herniation.

By decision dated December 17, 2019, OWCP denied appellant's request to expand acceptance of her claim to include spinal stenosis of cervical region C4-5 and C5-6, lumbar stenosis, cervical disc disorder with myelopathy, bilateral meniscus tears, right hip bursitis, cervical radiculopathy, cervical strain/sprain, thoracic strain/sprain, right hip acetabular labral tears, cervical myofascial pain syndrome, thoracic myofascial pain syndrome, and lumbar myofascial pain syndrome causally related to the accepted employment injury.

On December 30, 2019 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

In a report dated May 2, 2020, Dr. Katz summarized his treatment of appellant beginning October 15, 2017. He diagnosed cervical disc derangement with herniated discs from C2 to C7, C6-7 radiculopathy, lumbar derangement with herniated discs at L3-4, resolved right shoulder tendinosis, a right hip labral tear, bilateral meniscal tears of the knees, and left carpal tunnel syndrome. Dr. Katz attributed the diagnosed conditions to the April 18, 2017 employment injury, referencing the findings on physical examination and objective studies as well as the mechanism of injury in support of his opinion. He noted that appellant had prior disc herniations at C3-4 and C5-6 based on a 2009 MRI scan but now also had disc herniations at C2-3 and C6-7. Dr. Katz opined that she could work 6 or 7 hours per day lifting no more than 10 pounds.

Subsequently, OWCP received a March 8, 2018 statement wherein appellant related that she had hit her head and passed out on the date of injury. Appellant believed that her problems would be temporary. She advised that she experienced cognitive and physical issues trying to resume full duty.

A hearing was held on April 17, 2020.

By decision dated July 2, 2020, OWCP's hearing representative set aside the December 17, 2019 denial of expansion. She found that the May 2020 opinion of Dr. Katz was sufficient to warrant further development. The hearing representative also found that OWCP should clarify the mechanism of injury to determine whether appellant's badge caught in a drain and whether she struck her head and lost consciousness. She related that, after updating the SOAF, OWCP should request a supplemental report from Dr. Sultan after review of Dr. Katz' May 2020 report.

On July 26, 2021 OWCP referred appellant to Dr. Sultan for a second opinion examination regarding expansion of the claim. The SOAF provided that appellant fell to the pavement arresting a suspect, who landed on top of her.

In a report dated August 23, 2021, Dr. Sultan provided his review of the evidence of record and findings on examination. He related that appellant had claimed injuries to her neck, lower back, shoulders, left hand, right hip, and knees due to the accepted employment injury and, if the history stated was corrected, “there would be a causal relationship between the accident of April 18, 2017 and her claim of multiple injuries.” Dr. Sultan further advised, however, that not all the claimed diagnoses were reflected in the examination findings. He asserted that appellant’s “claims involving her neck, mid and lower back, right shoulder, right hip, and knees as well as left hand are not reflected in today’s examination.” Dr. Sultan opined that she had sustained a temporary aggravation of her cervical spine condition that had now reached *status quo*.

On September 23, 2021 Dr. Katz found that appellant could work full time without restrictions.

In an addendum report dated September 23, 2021, Dr. Sultan again advised that appellant sustained a temporary aggravation of a cervical spine condition that had now reached baseline.

By *de novo* decision dated December 17, 2021, OWCP denied appellant’s request to expand the acceptance of her claim to include spinal stenosis of cervical region C4-5 and C5-6, lumbar stenosis, cervical disc disorder with myelopathy, bilateral meniscus tear, right hip bursitis, cervical radiculopathy, cervical strain/sprain, thoracic strain/sprain, right hip acetabular labral tears, cervical myofascial pain syndrome, thoracic myofascial pain syndrome, and lumbar myofascial pain syndrome as causally related to the accepted employment injury.

On December 21, 2021 appellant, through counsel, requested an oral hearing before a representative of OWCP’s Branch of Hearings and Review regarding the December 17, 2021 decision.

A hearing was held on April 12, 2022.

By decision dated May 19, 2022, OWCP’s hearing representative vacated the December 17, 2021 decision. He found that a conflict existed between Dr. Katz and Dr. Sultan regarding the nature of appellant’s employment injuries necessitating referral to an impartial medical examiner (IME).

On June 10, 2022 OWCP referred appellant to Dr. Donald Cally, a Board-certified orthopedic surgeon, for an impartial medical examination.

In a report dated August 10, 2022, Dr. Cally discussed appellant’s history of injury and current complaints of pain in her neck, low back, right hip, and knees. He provided his review of the medical evidence. On examination Dr. Cally found minimal tenderness of the neck, a negative Hoffmann’s sign, and a normal motor and sensory examination. He further found a normal neurological examination of the low back with a negative straight leg raise, reduced flexion, and no tenderness to palpation. Dr. Cally related that the EMG findings failed to correlate with findings on MRI scan, noting that she had no clinical findings for the neck or left hand on physical

examination. He advised that her hand complaints did not appear “radicular in nature.” Dr. Cally indicated that appellant had pain in the lateral aspect of her hip consistent with findings on examination and intermittent back pain and reduced motion with forward flexion. He diagnosed contusions of the right hip, left hand, bilateral knees, and a resolved temporary aggravation of a preexisting cervical spine herniation due to the accepted April 18, 2017 employment injury. Dr. Cally advised that appellant’s spinal stenosis was degenerative in nature and not related to the work injury. He opined that she did not have cervical myelopathy. Dr. Cally found that the diagnoses of bilateral meniscal tears, lumbar sprain/strain, and right hip bursitis were causally related to the accepted employment injury. He determined, however, that a right acetabular labral tear was not due to the employment injury as it was a common asymptomatic finding for people over 40 years old. Dr. Cally related that appellant had sustained a temporary aggravation of her neck and cervical spine condition, noting that the findings on the MRI scan performed after the date of injury were preexisting. He opined that her current cervical complaints were unrelated to her accepted employment injury but that he was unable to advise when the aggravation ceased, noting that she had two subsequent neck injuries from MVAs requiring treatment since the time of injury. Dr. Cally indicated that she was currently working full time without restrictions and found that this was appropriate.

On September 16, 2022 OWCP expanded its acceptance of the claim to include lumbar sprain/strain, bilateral meniscal tears of the knees, and right hip bursitis.

By decision dated September 16, 2022, OWCP denied appellant’s request to expand the acceptance of her claim to include cervical spinal stenosis at C4-5 and C5-6, cervical disc disorder with myelopathy, and right acetabular labral tears as causally related to her accepted April 18, 2017 employment injury.

On September 26, 2022 appellant, through counsel, requested an oral hearing before a representative of OWCP’s Branch of Hearings and Review.

Following a preliminary review, by decision dated January 3, 2023, OWCP’s hearing representative vacated the September 16, 2022 decision. The hearing representative found that the SOAF provided to Dr. Cally had an inaccurate work history and failed to provide that appellant’s badge got stuck in grating causing her to wrench her neck when she tried to rise from the ground. The hearing representative remanded the case for OWCP to update the SOAF and obtain a supplemental report from Dr. Cally providing a reasoned opinion regarding claim expansion and partial disability from June 5 through November 3, 2017 due to the accepted employment injury.

OWCP amended the SOAF on February 17, 2023, and on February 22, 2023 requested clarification from Dr. Cally per the OWCP hearing representative’s instructions.

In a March 13, 2023 response, Dr. Cally opined that the diagnoses of cervical spinal stenosis at C4-5 and C5-6, lumbar stenosis, cervical disc herniation disorder with myelopathy, and herniated discs at L3-4 were unsupported either by his examination findings or his review of the medical records, and also noted that these conditions were preexisting/degenerative conditions. He found that appellant had no complaints of cervical myelopathy, thoracic strain/sprains, and thoracic myofascial pain syndrome. Dr. Cally further found no clinical findings of lumbar myofascial pain syndrome or cervical radiculopathy, noting that the EMG study failed to correlate

with the most recent MRI scan. He opined that appellant's cervical myofascial pain disorder was related to her preexisting chronic neck issues. Dr. Cally again found that the acetabular labral tear was an incidental finding. He advised that he had not examined appellant's right shoulder and thus could not address this diagnosis. Dr. Cally indicated that the question of whether she had post-concussion syndrome should be addressed by an appropriate physician.

By decision dated May 3, 2023, OWCP denied appellant's request to expand the acceptance of her claim to include cervical spinal stenosis at C4-5 and C5-6, lumbar stenosis, cervical disc disorder with myelopathy, cervical radiculopathy, cervical and thoracic strain/sprains, herniated discs at L3-4, right hip acetabular labral tears, and cervical thoracic, and lumbar myofascial pain syndromes as causally related to her accepted April 18, 2017 employment injury.

On May 11, 2023 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

A hearing was held on October 3, 2023.

In a report dated October 24, 2023, Dr. Katz reviewed the reports of Dr. Cally and again opined that the diagnoses of cervical radiculopathy, cervical spinal stenosis at C4-5 and C5-6, cervical disc disorder with myelopathy, cervical and lumbar myofascial pain, herniated disc at L3-4, and a partial tear of the anterolateral superior acetabulum of the right hip were causally related to the April 18, 2017 employment injury and remained active. He referenced objective studies and the mechanism of injury in support of his diagnoses.

By decision dated November 13, 2023, OWCP's hearing representative affirmed the May 3, 2023 decision. He instructed OWCP, however, to remand the case for a new second opinion evaluation regarding the issue of whether the claim should be expanded to include a right shoulder condition and the post-concussion syndrome.

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.²

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.³ 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.⁴ Additionally, the opinion of the physician must be expressed in

² *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).

³ *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).

⁴ *E.M.*, Docket No. 18-1599 (issued March 7, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

terms of a reasonable degree of medical certainty, and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and the specific employment factor(s) identified by the claimant.⁵

Section 8123(a) of FECA provides in pertinent part that, if there is disagreement between the physician making the examination for the United States and the physician of the employee, the Secretary shall appoint a third physician who shall make an examination.⁶ This is called a referee examination and OWCP will select a physician who is qualified in the appropriate specialty and who has no prior connection with the case.⁷ Where a case is referred to an IME for the purpose of resolving a conflict, the opinion of such specialist, if sufficiently well rationalized and based on a proper factual and medical background must be given special weight.⁸

ANALYSIS

The Board finds that appellant has not met her burden of proof to expand the acceptance of her claim to include cervical spinal stenosis at C5-6, lumbar stenosis, cervical disc disorder with myelopathy, cervical radiculopathy, cervical and thoracic strains/sprains, a herniated disc at L3-4, right hip acetabular labral tears, and cervical, thoracic, and lumbar myofascial pain syndrome causally related to the accepted April 18, 2017 employment injury.

OWCP determined that a conflict arose between appellant's attending physician, Dr. Katz, and OWCP's referral physician, Dr. Sultan, regarding whether acceptance of the claim should be expanded to include additional conditions due to the accepted September 5, 2016 employment injury. It consequently properly referred appellant to Dr. Cally for an impartial medical examination pursuant to 5 U.S.C. § 8123(a) to resolve the issue of claim expansion.

When a case is referred to an IME for the purpose of resolving a medical conflict, the opinion of such specialist, if sufficiently well rationalized and based upon a proper factual background, must be given special weight.⁹

In a report dated August 10, 2022, Dr. Cally discussed appellant's history of injury and provided his review of the medical evidence of record. On physical examination he found normal neurological examinations of the neck and low back with reduced low back flexion and indicated that she had no clinical findings for the neck or left hand. Dr. Cally opined that appellant's spinal stenosis was degenerative in nature and unrelated to the accepted employment injury and that she did not have cervical myelopathy. He further found that the right acetabular labral tear was a common asymptomatic finding. Dr. Cally diagnosed contusions of the right hip, left hand,

⁵ *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).

⁶ 5 U.S.C. § 8123(a); *A.E.*, Docket No. 23-0756 (issued December 14, 2023); *G.S.*, Docket No. 20-0562 (issued June 23, 2022); *M.S.*, 58 ECAB 238 (2007).

⁷ 20 C.F.R. § 10.321.

⁸ *Id.* at § 10.321; *T.D.*, Docket No. 17-1011 (issued January 17, 2018); *James P. Roberts*, 31 ECAB 1010 (1980).

⁹ *Supra* note 5.

bilateral knees, and a resolved temporary aggravation of a preexisting cervical spine herniation due to the accepted April 18, 2017 employment injury. He advised that appellant's current cervical complaints were unrelated to her employment injury.

In a supplemental report dated March 13, 2023, Dr. Cally opined that the diagnoses of cervical spinal stenosis at C4-5 and C5-6, lumbar stenosis, cervical disc herniation disorder with myelopathy, and herniated discs at L3-4 were preexisting/degenerative conditions that were not supported either based on the medical records or examination findings. He asserted that the acetabular labral tear was an incidental finding due to appellant's age. Dr. Cally additionally found no clinical findings of lumbar myofascial pain syndrome or cervical radiculopathy based on the lack of correlation between the EMG study and the most recent MRI scan and attributed appellant's cervical myofascial pain disorder to her preexisting chronic neck issues.

The Board finds that Dr. Cally accurately described the accepted employment injury and noted his review of the medical record. He performed a thorough clinical examination and provided detailed findings. Dr. Cally provided a rationalized opinion regarding whether appellant's claim should be expanded to include the conditions of cervical spinal stenosis at C5-6, lumbar stenosis, cervical disc disorder with myelopathy, cervical radiculopathy, cervical and thoracic strains/sprains, a herniated disc at L3-4, right hip acetabular labral tears, and cervical, thoracic, and lumbar myofascial pain syndrome. The Board, therefore, finds that Dr. Cally's opinion is entitled to the special weight accorded to an IME and establishes that appellant has not met her burden of proof to expand the acceptance of her claim to include these additional conditions.¹⁰

In a report dated October 24, 2023, Dr. Katz, after review of Dr. Cally's reports, attributed the diagnoses of cervical radiculopathy, cervical spinal stenosis at C4-5 and C5-6, cervical disc disorder with myelopathy, cervical and lumbar myofascial pain, herniated disc at L3-4, and a partial tear of the anterolateral superior acetabulum of the right hip to the April 18, 2017 employment injury based on the objective studies and mechanism of injury. The Board has held that reports from a physician who was on one side of a medical conflict are generally insufficient to overcome the special weight accorded to the IME, or to create a new conflict.¹¹ The report from Dr. Katz, therefore, is insufficient to overcome the special weight accorded to Dr. Cally's opinion, or to create a new conflict in medical opinion regarding expansion of appellant's claim.¹²

As the medical evidence of record is insufficient to establish further expansion of the acceptance of the claim to include cervical spinal stenosis at C5-6, lumbar stenosis, cervical disc disorder with myelopathy, cervical radiculopathy, cervical and thoracic strains/sprains, a herniated disc at L3-4, right hip acetabular labral tears, and cervical, thoracic, and lumbar myofascial pain syndrome, the Board finds that appellant has not met her burden of proof.

¹⁰ *A.P.*, Docket No. 24-0170 (issued March 26, 2024); *M.G.*, Docket No. 23-0674 (issued October 3, 2023).

¹¹ See *M.G.*, *id.*; *P.T.*, Docket No. 22-0841 (issued January 26, 2023); *N.U.*, Docket No. 20-1022 (issued January 25, 2022).

¹² *Id.*

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 her burden of proof to expand the acceptance of her claim to include cervical spinal stenosis at C5-6, lumbar stenosis, cervical disc disorder with myelopathy, cervical radiculopathy, cervical and thoracic strains/sprains, a herniated disc at L3-4, right hip acetabular labral tears, and cervical, thoracic, and lumbar myofascial pain syndrome as causally related to the accepted April 18, 2017 employment injury.

ORDER

IT IS HEREBY ORDERED THAT the November 13, 2023 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: June 27, 2024
Washington, DC

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

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

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