

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

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**T.C., Appellant**

**and**

**U.S. POSTAL SERVICE, MECHANICSVILLE  
POST OFFICE, Mechanicsville, MD, Employer**

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**Docket No. 24-0948  
Issued: January 10, 2025**

*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 September 20, 2024 appellant filed a timely appeal from a September 20, 2024 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act<sup>1</sup> (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 his burden of proof to establish a medical condition causally related to the accepted employment factors.

**FACTUAL HISTORY**

On June 22, 2023 appellant, then a 33-year-old rural carrier, filed an occupational disease claim (Form CA-2) alleging that he contracted Lyme disease, and suffered migraines, and intracranial hypertension due to factors of his federal employment. Regarding the relation of the

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<sup>1</sup> 5 U.S.C. § 8101 *et seq.*

claimed conditions to his employment, he noted, that exposure to ticks, weather elements, and physical activity caused his claimed conditions. Additionally, appellant indicated that his doctors informed him that ticks are the origins of Lyme disease and explained to him how various work duties impacted his conditions. He noted that he first became aware of his claimed conditions on August 1, 2022, and first realized their relation to his federal employment on March 13, 2023. Appellant stopped work on April 24, 2023. On the reverse side of the claim form, Postmaster C.P., serving as appellant's immediate supervisor, indicated that she had been unaware of appellant's claimed conditions prior to the filing of his claim.

In an accompanying statement, appellant advised that in August 2022 he suffered from severe headaches, nausea, vomiting, and fatigue. He indicated that he first sought treatment from Dr. Shadid Siddiqui, a Board-certified internist, and then treated with Dr. Kajal Shah, a Board-certified neurologist, who advised that diagnostic testing demonstrated a build-up of fluid pressure in his brain. Dr. Kajal diagnosed pseudotumor cerebri, also known as benign intracranial hypertension. Appellant reported that Dr. Siddiqui administered a blood test on February 23, 2023, which was positive for Lyme disease. He asserted that his duties as a rural carrier exposed him to ticks, which caused his Lyme disease, noting that he exited his postal vehicle an average of 45 times during the five hours per day he delivered mail in rural areas where many animals were free roaming on lawns. Appellant indicated that he had to walk through grassy areas with leaves and other plant debris which provided habitat for ticks, and that he had direct contact with customer's cats and dogs, which also provided an opportunity for ticks to attach to him. He asserted that exposure to heat while carrying out his outdoor mail delivery increased the level of his spinal fluid and triggered migraines. Appellant indicated that the physical demands of his job, including lifting/handling parcels weighing up to 70 pounds, and pushing mail carts, increased the pressure within his brain and caused headaches.

In a June 29, 2023 development letter, OWCP notified appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence needed and provided a questionnaire for his completion. OWCP afforded appellant 60 days to respond. In a separate development letter of even date, it requested that the employing establishment provide comments from a knowledgeable supervisor regarding appellant's allegations. OWCP afforded the employing establishment 30 days to respond.

Appellant submitted responses, dated July 25 and 29, 2023 to OWCP's questionnaire. He again asserted that the exposure which caused him to have Lyme disease occurred during his federal employment. Appellant acknowledged that he had experienced headaches and other symptoms for approximately four years prior to August 2022, but asserted that the frequency and severity of his symptoms greatly increased beginning in August 2022.

In a June 30, 2023 statement, C.P., asserted that appellant never mentioned a work-related cause for his absences from work. In statements of even date and July 14, 2023, D.L., a manager at the employing establishment, advised that on March 25, 2023 appellant informed her that he had been off from work due to swelling of the brain, which he identified as a medical condition that ran in his family, and that the medication he took for this condition caused migraines.

In a July 10, 2023 report, Dr. Ernesto Africano, a Board-certified internist and cardiologist, indicated that appellant presented "with migraines and fatigue as a result of his diagnosed Lyme

disease and pseudotumor cerebri.” He described appellant’s work as a rural carrier, noting that he reported that his job involved delivering mail in a rural area with many farms that had free-roaming animals and that he interacted with customers’ cats and dogs. Dr. Africano noted that appellant reported that he did not ever notice a bite or bull’s eye rash on his body. Appellant further reported that he did not engage in activities in heavily wooded areas outside of work. Dr. Africano discussed the diagnostic testing of record and reported physical examination findings, noting that appellant had no pain to palpation over the cervical paraspinal muscles, that the cranial nerves were intact, and that the musculoskeletal examination did not reveal any atrophy or tone abnormalities. He diagnosed Lyme disease; benign intracranial hypertension; and migraines, not intractable, without aura or status migrainosus, and opined that these conditions were aggravated by appellant’s work duties.

Dr. Africano discussed the nature of Lyme disease and stated that appellant was bitten by a tick carrying the bacteria *Borrelia burgdorferi* while in the performance of his work duties at some point over the last five years, causing him to develop Lyme disease. He noted that pseudotumor cerebri was a condition caused by elevated cerebrospinal fluid pressure in the brain and opined that appellant’s pseudotumor cerebri was caused by his Lyme disease. Dr. Africano further opined that appellant’s Lyme disease and the increased intracranial pressure due to his pseudotumor cerebri caused him to suffer migraines. He noted that appellant’s migraines were especially triggered by his work duties/environment, including working in hot weather, being exposed to sunlight, lifting packages, and getting in and out of his work vehicle. In an accompanying July 10, 2023 work capacity evaluation (Form OWCP-5c), Dr. Africano recommended work restrictions, noting that appellant was restricted to working four hours per day and could only work indoors in order to avoid migraine triggers.

In a follow-up letter dated July 27, 2023, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish his claim. It noted that he had 60 days from the June 29, 2023 letter to submit the requested supporting evidence. OWCP further advised that if the evidence was not received during this time, it would issue a decision based on the evidence contained in the record.

Appellant submitted several medical reports in support of his claim. In September 29, October 27, and November 15, 2022, and February 3, 2023 reports, Dr. Shah discussed appellant’s migraine condition.

In September 6, 2022, and February 21, 2023 reports, Dr. Siddiqui provided diagnoses including headache and vomiting.

In March 15 and April 19, 2023 reports, Dr. Ahmed Kafaki, a neurologist, discussed appellant’s migraine condition, and an October 2022 magnetic resonance imaging (MRI) scan that demonstrated empty sella, and tortuous optic nerves with prominent nerve root sheaths. He diagnosed migraine without aura, not intractable.

In March 2, and April 25, 2023 reports, Dr. Siddiqui diagnosed Lyme disease based on a February 23, 2023 blood test.

In August 3 and 17, 2023 narrative reports, Dr. Africano provided similar opinions on the cause of appellant's diagnosed conditions as in his July 3, 2023 report. In an August 3, 2023 Form OWCP-5c, he maintained appellant's work restrictions, noting that appellant was restricted to working four hours per day and could only work indoors in order to avoid migraine triggers. By decision dated August 30, 2023, OWCP denied appellant's occupational disease claim, finding that the medical evidence of record was insufficient to establish causal relationship between his diagnosed conditions and the accepted factors of his federal employment.

On September 1, 2023 appellant requested a review of the written record before a representative of OWCP's Branch of Hearings and Review.

By decision dated January 19, 2024, OWCP's hearing representative set aside OWCP's August 30, 2023 decision and remanded the case for further development. The hearing representative found that OWCP did not provide findings of fact and a statement of reasons that would inform appellant of the defects in the evidence and what specific evidence would overcome said defects. The hearing representative directed OWCP to issue a *de novo* decision after carrying out appropriate development.

In September 14, October 12, and November 20, 2023 narrative reports, Dr. Africano provided opinions on the cause of appellant's diagnosed conditions similar to his July 3, 2023 report. In the September 14, 2023 report, he noted that appellant's symptoms were not a result of COVID-19, which he has never been diagnosed with, but instead the early symptoms of Lyme disease. Dr. Africano also provided corresponding OWCP-5c forms, wherein he maintained appellant's work restrictions, noting that appellant was restricted to working four hours per day and could only work indoors in order to avoid migraine triggers.

In a February 12, 2024 statement of accepted facts (SOAF), OWCP indicated that, when performing his work as a rural carrier, appellant spent approximately five hours on the street delivering parcels and collecting mail. It advised that appellant's mail delivery route was in a rural area that had a lot of farms with animals. OWCP noted, "Per [appellant] exposure to ticks, weather elements, and physical activity has caused his illnesses."

On February 12, 2024 OWCP referred appellant, the medical record, the SOAF, and a series of questions to Dr. Michael Sellman, a Board-certified neurologist, for a second opinion examination and evaluation to determine whether appellant sustained injury due to employment factors.

In a March 18, 2024 report, Dr. Janelle Snoody, a Board-certified anesthesiologist and pain medicine physician, provided physical examination findings and diagnosed Lyme disease, benign intracranial hypertension, and migraine without aura, not intractable, and without status migrainosus. She opined that appellant's diagnosed conditions were causally related to his federal employment. Dr. Snoody provided work restrictions and noted that appellant could not return to his date-of-injury position. In a Form OWCP-5c of even date, she noted that appellant was restricted to working two to four hours per day and required significant modified work restrictions.

In a March 29, 2024 report, Dr. Sellman discussed appellant's factual and medical history, including his history of medical complaints and treatment. He detailed the findings of his physical

examination, noting that the examination of appellant's head revealed no tenderness, and the examination of his cranial nerves were normal. Appellant was mildly tremulous, but there were no sensation abnormalities and his gait was normal. Dr. Sellman indicated that appellant's diagnoses within the realm of neurology were migraine headache disorder and mild pseudotumor cerebri, but opined that these conditions were not related to his work. He asserted that appellant's February 23, 2023 blood testing results for Lyme disease were "suggestive but not diagnostic of this disorder." However, Dr. Sellman indicated that he would defer to the opinion of an internist regarding the interpretation of these results. He reported that appellant had only subjective complaints of headaches and that his objective neurological examination was normal. Dr. Sellman noted that appellant's subjective findings on examination were fatigue and low energy, and he maintained that appellant never had an injury of neurological origin. He related that appellant had a headache disorder for five years, which was challenging to treat, but found that it was not related to his work. Dr. Sellman indicated that, based on his clinical presentation, appellant could return to full-duty regular work without restrictions.

On April 17, 2024 OWCP referred appellant, the medical record, the SOAF, and a series of questions to Dr. Jasdeep Dalawari, a Board-certified internist and emergency medicine specialist, for a second opinion examination and evaluation to determine whether appellant sustained injury due to employment factors.

In a May 6, 2024 report, Dr. Dalawari discussed appellant's factual and medical history, noting that he was treated for symptoms thought to have been consistent with Lyme disease beginning in August 2022, and that antibiotic therapy was initiated in March 2023. He advised that in August 2022 appellant denied having seen a tick or tick bite and had no rash. Dr. Dalawari detailed the findings of his physical examination, noting that appellant's judgment and insight were appropriate for his age and that he did not exhibit any focal deficits. The musculoskeletal examination did not reveal any gross deformities. Dr. Dalawari diagnosed migraine headaches and pseudotumor cerebri, but he found that there was no evidence of a work injury. He opined that there was no compelling evidence that appellant had Lyme disease or had post-treatment Lyme disease syndrome. Appellant did not exhibit joint pains or cognitive dysfunction, which would be commonly found with post-treatment Lyme disease syndrome. Dr. Dalawari indicated that sunlight, high ambient temperatures, and physical activity did precipitate appellant's headaches, but indicated that he did not "see any evidence of a work injury." He provided restrictions with regard to the migraine headaches, including working four hours per day and lifting less than 20 pounds, but he explained that these restrictions were not a result of a work-related condition.

By decision dated May 22, 2024, OWCP denied appellant's occupational disease claim, finding that the medical evidence of record was insufficient to establish causal relationship between his diagnosed conditions and the accepted work event.

On May 28, 2024 appellant requested a review of the written record before a representative of OWCP's Branch of Hearings and Review.

By decision dated September 20, 2024, OWCP's hearing representative affirmed the May 22, 2024 decision.

## **LEGAL PRECEDENT**

An employee seeking benefits under FECA<sup>2</sup> has the burden of proof to establish the essential elements of his or her claim, including the fact that the individual is an employee of the United States within the meaning of FECA, that the claim was filed within the applicable time limitation of FECA,<sup>3</sup> that an injury was sustained while 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.<sup>4</sup> These are the essential elements of every compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.<sup>5</sup>

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant 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 identified employment factors.<sup>6</sup>

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.<sup>7</sup> 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.<sup>8</sup> Additionally, the physician's opinion must be expressed in 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 appellant's specific employment factor(s).<sup>9</sup>

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<sup>2</sup> *Id.*

<sup>3</sup> *F.H.*, Docket No. 18-0869 (issued January 29, 2020); *J.P.*, Docket No. 19-0129 (issued April 26, 2019); *Joe D. Cameron*, 41 ECAB 153 (1989).

<sup>4</sup> *E.S.*, Docket No. 18-1580 (issued January 23, 2020); *M.E.*, Docket No. 18-1135 (issued January 4, 2019); *C.S.*, Docket No. 08-1585 (issued March 3, 2009); *Bonnie A. Contreras*, 57 ECAB 364 (2006).

<sup>5</sup> *E.S., id.*; *S.P.*, 59 ECAB 184 (2007); *Elaine Pendleton*, 40 ECAB 1143 (1989).

<sup>6</sup> *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).

<sup>7</sup> *W.M.*, Docket No. 14-1853 (issued May 13, 2020); *T.H.*, 59 ECAB 388, 393 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

<sup>8</sup> *M.V.*, Docket No. 18-0884 (issued December 28, 2018).

<sup>9</sup> *Id.*

## ANALYSIS

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

In a March 29, 2024 report, Dr. Sellman, an OWCP referral physician, indicated that appellant's diagnoses within the realm of neurology were migraine headache disorder and mild pseudotumor cerebri, but he opined that these conditions were not related to his work. He reported that appellant had only subjective complaints of headaches and that his objective neurological examination was normal. Dr. Sellman noted that appellant's subjective findings on examination were fatigue and low energy, and maintained that he never had an injury of neurological origin. He related that appellant had a headache disorder for five years, which was challenging to treat, but found that it was not related to his work.

In a May 6, 2024 report, Dr. Dalawari, an OWCP referral physician, diagnosed migraine headaches and pseudotumor cerebri, but he found that there was no evidence of a work injury. He opined that there was no compelling evidence that appellant had Lyme disease or had post-treatment Lyme disease syndrome. He advised that in August 2022 appellant denied having seen a tick or tick bite and had no rash. Appellant did not exhibit joint pains or cognitive dysfunction, which would be commonly found with post-treatment Lyme disease syndrome. Dr. Dalawari indicated that sunlight, high ambient temperatures, and physical activity did precipitate appellant's headaches, but indicated that he did not "see any evidence of a work injury."

The Board finds that the weight of the medical opinion evidence with respect to OWCP's occupational disease claim is represented by the well-rationalized opinions of Dr. Sellman and Dr. Dalawari, the OWCP referral physicians. The opinions of Dr. Sellman and Dr. Dalawari demonstrate that appellant did not sustain an injury causally related to the accepted employment factors. The Board has reviewed the opinions of Dr. Sellman and Dr. Dalawari and finds that they have reliability, probative value, and convincing quality with respect to their conclusions regarding appellant's occupational disease claim. Accordingly, OWCP properly relied on the opinions of Dr. Sellman and Dr. Dalawari in denying appellant's claim.<sup>10</sup>

Appellant submitted reports dated July 10, through November 20, 2023 by Dr. Africano, and a March 18, 2024 report by Dr. Snoody, who discussed appellant's work as a rural carrier, noting that he reported that he did not ever notice a bite or bull's eye rash on his body. Both Dr. Africano and Dr. Snoody diagnosed Lyme disease; pseudotumor cerebri (also known as benign intracranial hypertension); and migraines, not intractable, without aura or status migrainosus, and opined that these conditions were aggravated by appellant's work duties. The physicians discussed the nature of Lyme disease and stated that appellant was bitten by a tick carrying the bacteria *Borrelia burgdorferi* while in the performance of his work duties at some point over the last five years, causing him to develop Lyme disease. Drs. Africano and Snoody noted that pseudotumor cerebri was a condition caused by elevated cerebrospinal fluid pressure in the brain and opined that appellant's pseudotumor cerebri was caused by his Lyme disease. They further opined that appellant's Lyme disease and the increased intracranial pressure due to his pseudotumor cerebri

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<sup>10</sup> P.G., Docket No. 24-0437 (issued June 26, 2024); S.V., Docket No. 23-0474 (issued August 1, 2023).

caused him to suffer migraines. Drs. Africano and Snoody noted that appellant's migraines were especially triggered by his work duties/environment, including working in hot weather, being exposed to sunlight, lifting packages, and getting in and out of his work vehicle. However, the Board finds that the reports of Dr. Africano and Dr. Snoody are of limited probative value as they did not provide adequate medical rationale in support of their opinion on causal relationship.<sup>11</sup> Therefore, this evidence is insufficient to overcome the weight of the medical opinion evidence as represented by the opinions of Dr. Sellman and Dr. Dalawari and does not establish appellant's claim.

Appellant submitted other reports from Drs. Shah, Siddiqui and Kafaki, which do not address the cause of his claimed conditions. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition or disability is of no probative value on the issue of causal relationship.<sup>12</sup> Therefore, this evidence also is insufficient to overcome the weight of the medical opinion evidence as represented by the opinions of Dr. Sellman and Dr. Dalawari and does not establish appellant's claim.

As the medical evidence of record is insufficient to establish causal relationship between a medical condition and the accepted factors of federal employment, the Board finds that appellant 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 employment factors.

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<sup>11</sup> See *T.T.*, Docket No. 18-1054 (issued April 8, 2020); *Y.D.*, Docket No. 16-1896 (issued February 10, 2017). See also *L.G.*, Docket No. 19-0142 (issued August 8, 2019) (a medical report is of limited probative value on the issue of causal relationship if it contains a conclusion regarding causal relationship which is unsupported by medical rationale).

<sup>12</sup> See *F.S.*, Docket No. 23-0112 (issued April 26, 2023); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).



**ORDER**

**IT IS HEREBY ORDERED THAT** the September 20, 2024 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: January 10, 2025  
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