

U.S. Department of Labor

Office of Workers' Compensation Programs (OWCP)
Division of Federal Employees' Compensation (DFEC)
PO Box 8311
London, KY 40742-8311
Phone: (202) 513-6860



August 5, 2025



This letter is in response to your Freedom of Information Act (FOIA) (5 U.S.C. § 552) request dated July 13, 2025, addressed to the U.S. Department of Labor. Your request was received in this office on July 14, 2025. Your request was assigned tracking number 2025-F-14233. Please refer to this number in any future correspondence relative to this request.

You requested:

- evaluation criteria and standards used by second opinion psychiatrists when assessing psychological or psychiatric claims under the Federal Employees' Compensation Act (FECA),
- all internal guidelines, instructions, policies, training materials, rubrics, or decision tools provided to or used by OWCP-appointed second opinion psychiatrists in determining whether to confirm or deny a psychological or psychiatric diagnosis; the criteria that second opinion examiners are expected to apply in evaluating: causality (i.e., whether the psychological condition is causally related to the work injury or incident), diagnostic validity, appropriateness of treatment recommendations, functional impairment,
- any templates, evaluation forms, or structured reporting requirements OWCP uses for these second opinion psychiatric evaluations,
- any materials used to train or instruct second opinion providers on how to assess claimants or how their evaluations are reviewed or used by OWCP claims examiners.
- documents that show how second opinion psychiatrists are directed to assess and decide whether to support or deny psychological/psychiatric claims under FECA either as initial claims or in the context of a claim expansion.

The Claims Examiner (CE) assigned to the case dictates to the second opinion psychiatrist or clinical psychologist what they must use as the factual framework for their opinion. The CE decides what forms the second opinion physician must complete, what type of examination and testing the physician must perform, and what the physician must include in their report. The CE also provides the questions the physician must answer along with definitions of causation under the Federal Employees' Compensation Act (FECA). The same definitions of causation are used for both initial claims and claim expansions.

A sample second opinion referral with definitions of causation under the FECA and Form OWCP-5a 'Work Capacity Evaluation Psychiatric/Psychological Conditions' is enclosed for your review.

If you have any questions regarding your request, you may contact us at OWCP-DFEC-NO-FECA-TA-CHIEF@dol.gov. It would be helpful to include the tracking number in any submission or to have it available at the time of a call.

If you consider this an adverse determination, you have several options available to you. You may contact the Department's FOIA Public Liaison at dolpublicliaison@dol.gov for assistance resolving disputes. Alternatively, you may contact the Office of Government Information Services (OGIS), within the National Archives and Records Administration, to inquire about the mediation services they offer. The contact information for OGIS is as follows:

**Office of Government Information Services
National Archives and Records Administration
8601 Adelphi Road
College Park, MD 20740**

You can also reach that office by e-mail at ogis@nara.gov, by phone at 202-741-5770, or by calling toll-free 1-877-684-6448.

You have the right to file an administrative appeal. Your appeal must be received by the Solicitor of Labor within 90 calendar days of the date of this initial denial letter. Address your appeal to the following office:

**Attn: Freedom of Information Act Appeal
Solicitor of Labor
U.S. Department of Labor
200 Constitution Avenue, NW
Room N-2420
Washington, D.C. 20210**

Your appeal may also be sent by e-mail to FOIAAppeal@dol.gov or by fax to 202-693-5538. Appeals submitted to any other address will not be accepted. Your appeal must state in writing the grounds for the appeal. It should also include a copy of the original request, the response to your request, and any supporting statement or arguments. The appeal letter, the envelope, and the e-mail subject line, should be clearly marked "Freedom of Information Act Appeal."

Sincerely,



Heather Zeigler
Agency Disclosure Officer
Acting Chief
Branch of Technical Assistance
DOL OWCP DFEC

Enclosure: Sample Psychiatric Second Opinion Referral

File Number:

DATE: August 4, 2025

Claimant:

Claim Number:

Date of Injury:

Accepted Condition(s):

Diagnosed condition(s)

Aggravation ICD-10 code(s)

Referral Type:

The purpose of this referral is to determine whether the accepted work injury/work factor(s), or the accepted work condition(s), caused or contributed to a diagnosed medical condition.

Medical Specialty: Psychiatrist

The following documents are marked for your review and utilization during your examination and while dictating your medical report:

1. The Statement of Accepted Facts (SOAF) provides a factual summary of the relevant facts accepted by this office. Previous medical reports may not have been based on the SOAF. You must use the SOAF as the only factual framework for your opinion. **Your opinion should not refute the facts, including accepted condition(s), listed in the SOAF.**
1. Pertinent medical evidence from the case record.
2. FECA (Federal Employees' Compensation Act) Definitions of Causation which explain the four ways that an injury or illness may be related to employment under the FECA. **These definitions should serve as a frame of reference for your opinion as to the cause of the injury/illness being evaluated.**
3. Form OWCP-5a for your completion.

If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodation(s) and/or modification(s), please contact OWCP.

August 4, 2025

REQUIREMENTS FOR MEDICAL REPORT

In your narrative report:

- Summarize the history of injury or the factor(s) of employment which are listed in the Statement of Accepted Facts and discuss the treatment that followed.
- Summarize social, family and work history, and discuss any non-industrial stress situations.
- Describe the mental status examination, with pertinent findings; discuss the results of any psychological or personality testing performed; and list all current diagnoses according to the DSM.

MEDICAL OPINION RESPONSE FROM PHYSICIAN

Your medical report should include your responses to the following:

1. Is there sufficient medical evidence present to support the claimant suffers from a psychological condition due to the injury or work factors described in the Statement of Accepted Facts, or the accepted conditions as outlined on the first page of this referral? If so, explain how the work injury or factors of employment, or the accepted work-related condition(s), caused or contributed to the diagnosed condition(s) and discuss the findings on examination in support of your opinion.
2. If the accepted work injury or factors of employment, or the accepted work-related condition(s) aggravated an underlying/pre-existing condition, is such aggravation temporary or permanent? If temporary, has the condition now returned to the pre-injury status and has the aggravation ceased? If permanent, explain how the work-related aggravation has affected the concurrent condition permanently (rather than temporarily).
3. Has the work-related condition(s) resolved? If not, provide a rationalized explanation as to how you arrived at your opinion, including the specific findings from your examination/evaluation.
4. Considering only residuals of the work-related condition(s), is the claimant medically capable of performing in their date of injury job as outlined in the Statement of Accepted Facts?
5. If the claimant is incapable of performing in their date of injury job, discuss the claimant's work capabilities by completing the enclosed OWCP-5. The work capacity evaluation should include restrictions for both work-related and non-work-related medical conditions.
6. Discuss the prognosis for recovery and outline any treatment recommendations.

Claimant:

FECA Definitions of Causation

There is no apportionment under the FECA; if the work injury or illness is medically determined to have contributed to the diagnosis(es), causal relationship will be established.

Under the FECA, an injury or disease may be related to employment in any of the following four ways:

1. *Direct Causation.* This type of relationship occurs when the injury or factors of employment, through a natural and unbroken sequence, result in the condition claimed.

2. *Aggravation.* This type of relationship occurs if a pre-existing condition is worsened, either temporarily or permanently, by the injury or factors of employment.

Temporary aggravation of a pre-existing condition means that the injury/factors of employment have directly caused that condition to be more severe for a limited period of time and have left no greater impairment than existed prior to the employment injury/factors. A temporary aggravation involves a limited period of medical treatment and/or disability, after which the employee returns to their baseline status.

Permanent aggravation occurs when a condition will persist indefinitely due to the effects of the work-related injury/illness or when a condition is materially worsened such that it will not revert to its previous level of severity.

3. *Acceleration.* An employment-related injury or illness may hasten the development of an underlying condition, and acceleration is said to occur when the ordinary course of the disease does not account for the speed with which a condition develops.

4. *Precipitation.* A latent condition which would not have become manifest but for the employment is said to have been precipitated by the injury/factors of the employment.



Injured Worker's Name (<i>First, middle, last</i>)	OWCP No.	OMB No: 1240-0046 Expires: 08/31/2026
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Please answer the questions below concerning your patient (named above) for whom the Office of Workers' Compensation Programs (OWCP) has accepted the following conditions as caused or aggravated by work:

1. Is the employee competent to WORK 8 hours a day? Yes No If no, your medical reasons are required to support your opinion.

2. If the employee is unable to work 8 hours a day, how many hours is he/she able to work? _____
a. Will the number of work hours increase? Yes No
b. If yes, when will this employee be able to work eight hour work days? _____
c. If no, your medical reasons are required to support your opinion in a narrative report.

3. Is the worker competent to perform his/her usual job? Yes No If no, in a narrative report specify which aspects of the position is problematic. An explanation is required for each item.

4. OWCP is committed to reemploying injured workers to the fullest extent possible. Many employers can readily accommodate medical restrictions including assignment of the injured worker into an alternative work location. Please note that if reemployment at the employing agency is not possible, the Office may pursue vocational rehabilitation for the injured worker. With this in mind, please describe the duties or work environment(s) which are suitable for your patient. Please be as detailed as possible.

5. Please list, if any, other medical factors which need to be considered in the identification of a position for this person. Please explain each item.

6. Physician's Name (<i>Type or print</i>)	7. Telephone (Include Area Code)
8. Signature	9. Date

Privacy Act Statement

The Privacy Act of 1974 as amended (5 U. S.C. 552a) and the Federal Employees' Compensation Act, as amended and extended (5 U.S.C. 8101, et seq.), authorizes collection of this information. The purpose of this form is to obtain the claimant's specific work tolerance limitation where the accepted condition is psychiatric or psychological in nature. Completion of this form is voluntary (5 U.S.C. 8101, et seq), however, failure to provide the information may result in the delay of processing of the claim or payment or benefits, or may result in an unfavorable decision or reduced levels of benefits. Additional disclosures of this information may be to: third parties in litigation; employing agencies, various individuals and organizations providing related medical rehabilitation and other services; insurance plans which may have paid related bills; labor unions; various law enforcement officials; other federal, state and local agencies (including the GAO and IRS) as appropriate; data processing contractors to the Department of Labor; debt collection agencies and credit bureaus.

Public Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain a benefit under 5 U.S.C. 8101 et seq. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workers' Compensation Programs, Room S-3229, 200 Constitution Avenue, NW, Washington, DC 20210, and reference the OMB Control Number 1240-0046. Note: Please do not return the requested information to the address shown just above. Rather, send it to the address shown on the letterhead.

Notice

Requests for Accommodations or Auxiliary Aids and Services

If you have a disability, federal law gives you the right to receive help from the OWCP in the form of communication assistance, accommodation(s) and/or modification(s) to aid you in the claims process. For example, we will provide you with copies of documents in alternate formats, communication services such as sign language interpretation, or other kinds of adjustments or changes to accommodate your disability. Please contact our office or your OWCP claims examiner to ask about this assistance.