VIRGINIA:
IN THE WORKERS' COMPENSATION COMMISSION

Opinion by NEWMAN
Commissioner

Sept. 7, 2023

COURTNEY SANTORA v. INOVA ALEXANDRIA HOSPITAL
INOVA HEALTH SYSTEM FOUNDATION, Insurance Carrier
GALLAGHER BASSETT SERVICES, Claim Administrator
Jurisdiction Claim No. VA02000036023
Claim Administrator File No. 005039049570WC01
Date of Injury: October 22, 2020

Corey Pollard, Esquire
K. Brent Jones, Esquire
For the Claimant.

Nirav Patel, Esquire
For the Defendant.

REVIEW on the record by Commissioner Marshall, Commissioner Newman, and Commissioner Rapaport at Richmond, Virginia.

The claimant requests review of the Deputy Commissioner's March 4, 2023 Opinion finding her post-traumatic stress disorder and major depressive disorder were not compensable because they were related to managerial decisions in her workplace. We REVERSE and REMAND.

I. Material Proceedings

The claimant alleged she suffered from post-traumatic stress disorder and major depressive disorder as occupational diseases or ordinary diseases of life arising out of her employment with a date of communication of October 22, 2020.[1] She sought continuing temporary total disability benefits beginning October 22, 2020. The defendant contests that the claimant contracted an

[1] The Deputy Commissioner's Opinion had a date of communication of October 22, 2022 in error.

occupational disease or compensable ordinary disease of life. It disputed causation, the extent of disability, and marketing.

The Deputy Commissioner held the claimant's claim was not compensable as either an occupational disease under Virginia Code § 65.2-400 or as an ordinary disease of life under Virginia Code § 65.2-401 because her conditions arose from a managerial dispute.

The claimant requests review.

II. Findings of Fact and Rulings of Law

The claimant worked for the employer as a registered nurse. In 2019, she was working in a post-operative unit for general surgeries and orthopedics. In March 2020, her unit was no longer taking surgical patients because the state had paused elective surgeries due to the COVID pandemic. Her unit became the hospital's COVID unit, and for a while, her unit was exclusively treating COVID patients. The claimant testified: "I went from treating healthy post-operative patients to treating very sick COVID patients, respiratory patients that I've had no prior experience taking care of." (Tr. 13.) The nurses were the only ones who went into the patients' rooms. Beside administering medical care, the nurses also entered patients' rooms to provide food trays and to gather the trash and perform housekeeping. The doctors used televisits from the nurses' stations. The claimant testified she was required to accompany deteriorating patients to the ICU unit where they would be intubated.

The claimant contracted COVID in April 2020. Though not hospitalized, she was required to quarantine for about three-and-a-half weeks. She experienced shortness of breath, cough, extreme fatigue, heart racing, and night sweats.

In June 2020, the claimant's unit returned to a post-operative surgical unit, but she would also be sent to treat COVID patients in other units. She would sometimes work half a day in the COVID unit and then the other half in her unit. She told upper management she felt that if the nurses were floated to another unit to take care of COVID patients, they should not come back to take care of clean surgical patients and risk giving them COVID.

On October 11, 2020, when asked to float to a COVID unit, the claimant experienced a panic attack in the hallway because she was terrified to take care of a COVID patient. She returned to the breakroom to get her personal protective equipment ("PPE") where she continued to experience the panic attack. Her charge nurse and supervisor decided to send her home "because I was having such a panic attack about taking care of this patient." (Tr. 24.) On cross-examination, the claimant acknowledged that she disagreed with her supervisor's decision to assign her the task of providing care to the COVID patient.

On October 21, 2020, the claimant experienced a second panic attack when told she was floated to another unit and told she would be attending to a COVID patient. She asked to switch to another task so she did not have to provide the care to the COVID patient. The request was denied. She called her supervisor because she was having another panic attack in the hallway. She agreed that the panic attack was "triggered at the moment [I] found out [I was] assigned to care for someone with COVID 19." (Tr. 33.)

The claimant sought medical treatment on October 22, 2020, with her primary care physician. The claimant understood she was diagnosed with PTSD related to taking care of the COVID patients. (Tr. 25.) The claimant also received treatment at Dominion Hospital in a partial hospitalization program which she attended Monday through Friday from 8 a.m. to 2:30 p.m. for

four months. While in the program, she participated in group and individual therapy and saw a doctor for medication management.

The claimant agreed she has a history of anxiety dating back to 2013 or 2014 and that she had been prescribed Lexapro prior to the pandemic. She agreed that she had various triggers for her PTSD which she admitted included media coverage of COVID, social media posts regarding COVID, and the Maryland governor's press conferences relating to COVID. She was also triggered when driving by a hospital and hearing ambulances. She agreed she had one nightmare of her ex-boyfriend harming her in the summer of 2020. She agreed that after October 2020, a lack of structure in her daily life would result in anxiety and PTSD symptoms. She has also been diagnosed with a celiac disease. There is a family history of anxiety and depression. She was sexually abused when she was sixteen. The claimant had never been diagnosed with PTSD before her October 22, 2020 diagnosis.

The medical evidence reflects that the claimant treated at Inova Hospital on October 22, 2020, with Dr. Parin D. Naik. The history reflects:

> For the past few weeks, noticed worsening anxiety. Patient with history of anxiety and reports in the past 2 weeks has gotten worse. Patient works surgical orthopedic unit and was assigned to COVID unit patients. Patient reports felt very anxious and "breakdown" and could not "get myself to go back in there." Reports nightmares and flashbacks of when she was sick with COVID 19 like symptoms in 4/2020 and found to [be] negative however COVID antibody done through Inova study found to be positive.
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> Patient reports trembling and crying and felt like couldn't breathe and just felt rush of thoughts of worrying and being sick and whether doing her job is worth getting sick and "dying." . . . [Rep]orts having difficulty sleeping. She reports having nightmares on a daily basis. Her nightmares revolve around wearing a ureter while seeing Covid patients and then suffocating. She also reports nightmares of her ex-boyfriend harming her and she dying alone.

> She reports overall constant worry about COVID-19 and dying. And is currently on Lexapro 20 mg daily. Does have history of anxiety.

Dr. Naik diagnosed worsening anxiety and acute, new PTSD. Dr. Naik increased the claimant's Lexapro and referred her to psychiatry and counseling.

The claimant underwent a psychiatric evaluation by Dr. Khin Myint on October 26, 2020. The claimant reported increased anxiety, panic, and depression for the past two months. The history reflects:

> Patient is a 29-year-old single, full-time employed RN with underlying anxiety disorder, being treated by PCP on Lexapro 20 mg for the past 6 years. She contracted COVID-19 in April, went to ED 2 times for shortness of breath but did not require inpatient treatment. She works for Inova Alexandria Hospital in surgical unit which was closed down and turned into COVID-19 unit from March to May 2020. Reports, feeling fear of contracting virus again due to insufficient PPE and not feeling protected. Surgical unit reopened in May but she was pulled as a floater to another unit to take care of COVID patients, 2 weeks at a time. She is recently taking care of COVID-19 patients.
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> Underlying anxiety symptoms got worsened, worried all the time that she might contract the virus again, fearful that she may die at home alone. She lives alone in Maryland, siblings and father live 20 and 40 minutes away. She has been having panic attacks at work, had to come back home on the first day of assignment to COVID-19 unit. Reports, periods of melting down "SOB/palpitations/sweating/shakiness/nausea". Also reports having nightmares, "dying alone with shortness of breath at home from COVID-19", "being beaten up by her ex-boyfriend". She denies any abuse or trauma history. Patient reports emotional symptoms to her clinical manager as well as nursing supervisor but situation has not changed. She was tremulous and tearful talking about work. Her trauma symptoms for the past 2 months meet criteria for PTSD.
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> She also reports depressive symptoms . . . .

Dr. Myint assessed "PTSD and MDD moderate episode symptoms secondary to being infected with COVID-19 in April then taking care of COVID-19 cases without adequate PPE . . . ." Dr. Myint adjusted the claimant's medications.

The claimant participated in a Partial Hospitalization Program ("PHP") at Dominion Hospital for her ongoing anxiety with complex PTSD. In a Psychiatric Progress Note dated November 4, 2020, Dr. Simona Pickboth noted the claimant "works as a nurse and has trauma based on the experience with the COVID patients and is not able to work." The claimant's mood was unstable, and she was not able to focus. On November 18, 2020, Dr. Pickboth recorded that the claimant was tired, sleepy, and lethargic. She was still "very depressed." On December 2, 2020, the claimant reported that she had been "crying quite a bit this morning. She says she read something in the newspaper about the Maryland Governor considering drafting healthcare workers to work on COVID units. This, reportedly triggered a lot of anxiety and guilty feelings." The claimant discussed this again on December 9, 2020, when she reported that the news had "triggered a lot of anxiety and traumatic flashbacks."

On January 29, 2021, the claimant saw Dr. Alok Kumar at NeuroPsych Wellness Center, PC on referral from her PHP psychiatrist. She had "treatment resistant depression," PTSD, and "excessive anxiety due to working with COVID patients" as a nurse. She reported that "anything regarding COVID increases my anxiety" along with depression and hopeless feelings. Dr. Kumar noted an eight-year history of anxiety and depression as well as a family history of same. He recommended twelve sessions of Spravato/ketamine treatments. On February 10, 2021, Dr. Pickboth noted the claimant would be starting ketamine treatments with Dr. Kumar the next week.

The claimant was seen at Inova Behavioral Health on February 24, 2021 by Nurse Practitioner Nesanette B. Yohannes for a psychiatric intake evaluation to establish care for PTSD,

depression, and anxiety. The claimant was noted to have a history of witnessing trauma. The notes reflect:

> Reports she is a nurse – and from March - June – was a COVID nurse in ICU setting without proper PPE. She was initially a post-op surgical nurse. Reports she got COVID from work as well. Reports witnessing deaths from COVID – not used to seeing that. Was worried about dying from COVID.

She reported nightmares, flashbacks, and intrusive memories from that time period triggered when seeing people not wearing masks or people coughing. The claimant was diagnosed with PTSD, anxiety, and depression. Her medications were adjusted.

On March 17, 2021, NP Yohannes noted the claimant had been working with a therapist to do "some exposure therapy – like going to the hospital parking lot. Tries to leave before getting panic attack." She reported flashbacks and intrusive memories.

The claimant saw Dr. Lisa Gordon at Calvert Health Medical Center on March 29, 2021. She was admitted from the Emergency Department for worsening anxiety. The history reflects:

> Anxiety: Shaking, sweating, cannot: differentiate temperature, chest tightness and heaviness, overwhelming sense of doom, hypervigilance. She has had anxiety since nursing school, but was not 'diagnosed till 2013. It started out mild. Started on Prozac and it did not work. She then started Lexapro which she finds helpful. . . .
> Her anxiety started to get bad in October of 2020.
> She is an orthopedic post op nurse, and when Covid hit, her unit was converted to Covid unit. She is not an ICU nurse. She started to have poor sleep, poor appetite. By September, she started having nightmares which impacted her sleep. Then October she was floated to another unit and assigned [to a] Covid patient. She had a panic attack and was sent home from work.
> A week later, she had the same panic attack after being assigned Covid patients, and was sent home again.
> She had flash backs, intrusive memories and felt like she was suffocating.
> She saw her primary care physician who sent her to a psychiatrist[] at INOVA and then referred to PHP program.

> She was at PHP program from November of 2020 till end February 2021 at Dominion Hospital.
> She was seeing her out patient psychiatrists who told her her symptoms are not well managed and referred [her] to PHP.
> . . . .
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> Depression: She also reports that since Summer of 2020, but was not diagnosed till October of 2020.

On August 20, 2021, the claimant reported to Dr. Kumar an increase in depression and anxiety. Dr. Kumar administered the claimant's Spravato treatment. Dr. Kumar also noted the claimant met with her new psychiatrist today, Natasha Olliver.

The claimant began treatment with Natasha Olliver, PA-C, at Northern Virginia Psychiatric Group on August 20, 2021. The history reflects:

> Courtney is a 30-year-old nurse who presents for continued medication management for anxiety, depression, and post traumatic stress disorder. Patient says that she was initially diagnosed in October 2020. She says that symptoms first began 1 year ago when she was working as a nurse on the Covid unit. Courtney is typically a post op nurse, and says that she was not prepared to take care of Covid patients. She says that she was often exposed to severely ill patients and death. She says that she received minimal support at work. She says that over time, she developed a low mood, sleep trouble, decreased energy, and anhedonia. She says that she suffered nightmares 5 to 6 times per week and flashbacks during the day.

Olliver assessed recurrent major depressive disorder, panic disorder, and PTSD. She adjusted the claimant's medications and advised her to continue weekly therapy and ketamine treatments.

The claimant's behavioral therapy was conducted by Tia Deloatch LCSW-C at Vance Mental Health Services. Deloatch authored a November 9, 2021 Psychological Evaluation Report in which she recorded the following symptoms and deficiencies history:

> Ms. Santora's past work on the COVID ICU ward led to current environmental stressors and acute mental distress. During her time on the ward, Ms. Santora was

> not supplied proper personal protective equipment to perform her duties. She reports, "I feared for my life every shift. I lost count of the body bags I zipped up."
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> Ms. Santora has recurrent and distressing recollections of the events, including images, thoughts, and perceptions. She has recurrent distressing dreams of the event. Ms. Santora reports she feels as if the events were recurring; this includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashbacks episodes, including those that occur on awakening. She has intense psychological reactivity on exposure to internal or external cues that symbolize and resemble an aspect of the traumatic event. Ms. Santora makes efforts to avoid thoughts, feelings or conversations associated with the trauma. She makes efforts to avoid activities, places, and people that arouse recollections of the trauma. For example, the emergency rooms and hospitals.

On January 11, 2022, PA Olliver examined the claimant noting worsening symptoms. Olliver completed a questionnaire on this date. Olliver opined that the claimant suffered from PTSD. Olliver was aware that of the claimant's "experience as a nurse during the COIVD-19 pandemic, which included multiple occupational exposures to sick patients suffering f[ro]m the condition, some of whom were dying (and died.)" Olliver agreed there was a direct causal connection between the claimant's work conditions during the COVID-19 pandemic and her diagnosed PTSD. She agreed the claimant's PTSD followed as a natural incident of her work as a nurse from the workplace exposure to sick and dying COVID patients. She agreed the claimant's employment was the proximate cause of her PTSD and that the PTSD was not a condition to which the claimant had substantial exposure outside of employment. Olliver agreed that the PTSD was incidental to the character of the claimant's nursing work during the COVID pandemic and that the claimant developed PTSD as a result of multiple occupational exposures to sick or dying COVID patients during the course of her work as a nurse. Olliver opined the claimant was totally disabled due to her PTSD.

The claimant returned to PA Olliver on June 22, 2022, "for continued medical management of PTSD, anxiety, panic, and depression." The claimant reported her symptoms "began after she was transferred to the ICU to care for COVID patients during the pandemic. Since that time, she reports hyper-vigilance, nightmare, flashbacks. She reports avoidance of hospitals and medical settings and says that ambulance sirens trigger anxiety and sometimes panic." Her assessment included PTSD, severe major depressive disorder, anxiety disorder, and panic disorder. Her current and historical symptoms were consistent with these diagnoses. Olliver adjusted the claimant's medications.

Olliver authored a June 24, 2022 letter indicating that she had cared for the claimant since August 2021. In her professional opinion, the claimant was unable to return work at this time.

The claimant was seen at Northern Virginia Psychiatric Group on April 29, 2022, by Josephine Omari-Yeboah, psychiatric nurse practitioner. The history reflects:

> Patient continue to perseverate on how she was placed on COVID unit and was assigned to take care of patients with COVID per patient she had no choice but to take care of the patient with no proper training on how to handle the patients. Per patient there were not enough supplies or protective equipment to wear. The flash back on seeing people die has increased her anxiety. Her mood is always anxious and sad. Verbalized that she feels she cannot do this any more.

She was assessed with PTSD.

On July 5, 2022, Ms. Deloatch saw the claimant again for management of her symptoms. Deloatch noted the claimant had been experiencing psychological distress related to trauma.

Olliver authored another letter on February 2, 2023. She opined that the claimant's PTSD, major depression, and panic disorder were the result of her employment as a nurse at Inova. Olliver did not believe the claimant was fit to return to full time work or to work in health care.

After reviewing the evidence, the Deputy Commissioner denied the claim, explaining:

> We find that the Claim is not compensable as either an occupational disease under Virginia Code § 65.2-400 or as an ordinary disease of life under Virginia Code § 65.2-401. To prevail, the claimant must prove that her condition arose out of her employment and was due to a risk peculiar to the employment. The Commission has frequently acknowledged that "stresses and strains are part of everyday human existence," *Crow v. Alleghany Airlines, Inc.*, 57 O.I.C. 88 (1976), and we have been "extremely reluctant to award benefits in matters of employer/employee relationships because of a concern about severely hampering employers in assigning work, evaluating performances, taking responsible disciplinary action or any of the daily management functions which might cause mental stress." *McClain v. Manassas Park City Schools*, 68 O.I.C 112 (1989).
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> . . . .
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> "[P]sychological disability resulting from disagreements over managerial decisions and conflicts with supervisory personnel that cause stressful consequences ordinarily are not compensable." *Teasley v. Montgomery Ward & Co.*, 14 Va. App. 45, 415 S.E.2d 596 (1992). A claimant's "work-related stress, including [her] reaction to management criticism of his . . . work record, does not constitute a risk or hazard of the employment as contemplated by the Workers' Compensation Act." *Thompson v. Reed & Carsick*, VWC File No. 155-78-76 (April 1, 1993).

(Op. 4-5.)

The Deputy Commissioner found that the claimant's panic attacks were caused by her supervisor assigning her to work with COVID patients and therefore her PTSD and depression were not compensable.

The claimant argues on review that multiple providers diagnosed her with PTSD and depression related to her own COVID as well as being exposed to patients with COVID. She also testified to her panic attacks and anxiety when she was told to report to the COVID unit in October 2020. Nothing in the medical records relates the claimant's PTSD to managerial decisions.

Moreover, there is no contradicting medical evidence to rebut the diagnosis of PTSD related to the claimant's work.

After careful review, we find the medical evidence is sufficient to establish that the claimant's PTSD/depression is compensable. Virginia Code § 65.2-400 provides benefits for a claimant that suffers from an "occupational disease," defined as "a disease arising out of and in the course of employment, but not an ordinary disease of life to which the general public is exposed outside of the employment." The claimant must also establish that there is a direct causal connection between the conditions under which work is performed and the occupational disease, that the disease followed as a natural incident of the work as a result of the exposure occasioned by the nature of the employment, that the disease can be fairly traced to the employment as the proximate cause, that the disease is not one to which the claimant may have had substantial exposure outside of the employment, that the disease is incidental to the character of the business, and that the disease had its origin in a risk connected with the employment. *See* Va. Code § 65.2-400(B). Moreover, an ordinary disease of life may be treated as an occupational disease if it is "established by clear and convincing evidence" that it "arose out of and in the course of employment . . . and did not result from causes outside of the employment," and that "[i]t follows as an incident of occupational disease" or "[i]t is characteristic of the employment and was caused by conditions peculiar to such employment." Va. Code § 65.2-401.

Here, we find from the testimony and the medical evidence that the claimant's PTSD and depression arose from her care of COVID patients in the course of her employment as a nurse. During the claimant's initial medical treatment for PTSD on October 22, 2020 with Dr. Naik, the doctor noted the claimant's anxiety, flashbacks, and nightmares in dealing with COVID patients

and her own COVID diagnosis. When she underwent a psychiatric evaluation by Dr. Myint in October 2020, the claimant reported her fear of contracting COVID again due to insufficient PPE and not feeling protected. Dr. Myint assessed "PTSD and MDD moderate episode symptoms secondary to being infected with COVID-19 in April then taking care of COVID-19 cases without adequate PPE . . . ." The claimant participated in a Partial Hospitalization Program where on November 4, 2020, Dr. Pickboth noted the claimant "works as a nurse and has trauma based on the experience with the COVID patients and is not able to work." The claimant was referred to Dr. Kumar on January 29, 2021, for "treatment resistant depression," PTSD, and "excessive anxiety due to working with COVID patients" as a nurse. On February 24, 2021, Nurse Practitioner Yohannes recorded the claimant's PTSD, depression, and anxiety with a history of witnessing deaths from COVID and worry about dying from COVID. Yohannes noted nightmares, flashbacks, and intrusive memories. Psychiatric PA Olliver records symptoms that "began 1 year ago when she was working as a nurse on the Covid unit" where she "was often exposed to severely ill patients and death." Over time, "she developed a low mood, sleep trouble, decreased energy, and anhedonia" with nightmares and flashbacks. Olliver related her depression and PTSD to her work with COVID patients and excluded other causes. Likewise, the claimant's therapist, Tia Deloatch, opined that the claimant's "past work on the COVID ICU ward led to current environmental stressors and acute mental distress."

Although the claimant had a long history of anxiety, the claimant was first diagnosed with PTSD and depression in October 2020 after her panic attacks relating to having to work with COVID patients started. She underwent extensive medical treatment for these conditions, including a partial hospitalization program. We have reviewed the evidence and find that the

claimant proved by clear and convincing evidence that she suffers from the compensable ordinary diseases of life of PTSD and depression causally related to her work.

We do not agree with the Deputy Commissioner that the claimant's PTSD and depression were caused by managerial decisions. The Court of Appeals of Virginia has held that psychological conditions caused by confrontations between management and an employee are not compensable. In *Teasley v. Montgomery Ward & Co.*, 14 Va. App. 45 (1992), the Court held that the claimant's major depression and PTSD related to "numerous disagreements concerning issues such as vacation dates and work assignments" was not compensable. *Id.* at 47. The Court explained that "disagreements over managerial decisions and conflicts with supervisory personnel that cause stressful consequences which result in purely psychological disability ordinarily are not compensable." *Id.* at 49. *See Tran v. United Airlines, Inc.*, No. 2075-02-4 (Va. Ct. App. Dec. 17, 2002) ("It is well established that the Commission does not have jurisdiction over stress and psychological damage resulting from supervisory actions and conflicts over working conditions."); *Mitzelfelt v. Mt. Clinton Church of God*, No. 1674-93-4 (Va. Ct. App. Dec. 28, 1993) ("Conflicts with supervisory personnel that cause stressful consequences which result in purely psychological disability are ordinarily not compensable as an injury by accident.").

In this case, the claimant attended to COVID patients at the direction of her supervisor, and she testified that she did not agree with managerial decisions relating to placing nurses with COVID patients and then returning them to other hospital units. The claimant's PTSD and depression, however, were not caused by conflicts with her supervisors. According to the medical evidence, it was as the claimant's exposure to COVID patients, not the managerial decisions themselves, that caused the claimant's PTSD.

III. Conclusion

The Deputy Commissioner's March 4, 2023 Opinion is REVERSED. We REMAND this case to the Deputy Commissioner to consider the remaining defenses.

This case is ORDERED removed from the review docket.

RAPAPORT, COMMISSIONER, Concurring in part, Dissenting in part:

I concur with the outcome of the majority decision because I find that based upon the unique facts of this case, the claimant's diagnosis of PTSD directly resulted from her employment as a nurse during the COVID pandemic. There is no medical evidence offered disputing the diagnosis of PTSD. Rather, the employer contends the claimant's condition resulted from a managerial dispute.

In 2019, the claimant's duties focused upon nursing general and orthopedic post-surgical patients. In March 2020, these typical requirements drastically changed. The claimant began caring for, and intimately interacting with, ill patients hospitalized with COVID. She contracted COVID in April 2020. The testimony and the medical record established that by October 2020, the claimant suffered the first of repeated panic attacks based on her terror of fulfilling her occupational duties as a nurse caring for COVID patients and her perception of the potentially harmful outcome to her personal health because of these work-required interactions. I recognize that the claimant disagreed with supervisors about treating both COVID and non-COVID patients during the same shift. Yet, no testimony or medical evidence convincing illustrated that this disagreement had a factor in her development of PTSD. Rather, as recited by the majority on pages 12-13, multiple health care providers diagnosed and correlated the claimant's PTSD directly

to her occupationally driven treatment of COVID patients and her associated fear, anxiety, and nightmares therefrom. The record contained no contrary medical evidence persuasively questioning these opinions of the genesis of her PTSD.

Regardless, the claimant's anxiety and depressive disorder are ordinary diseases of life at best exacerbated by her employment. An aggravation of an ordinary disease of life is not compensable under the Act. *Ashland Oil Co. v. Bean*, 225 Va. 1 (1983). The "burden [imposed by Code § 65.2-401] is not satisfied by evidence showing only that the work aggravated, exacerbated, or merely contributed to the condition." *Diaz-Rodriguez v. Great Clips*, VWC File No. 188-21-79 (June 26, 1998) (citing *Walsh v. Orkand Corp*., VWC File No. 167-05-63 (Oct. 7, 1994)). Therefore, I would not find those conditions are causally related to the claimant's employment. However, with no prior history of PTSD and without contrary medical evidence to dispute the diagnosis and treatment for PTSD, I would affirm the award for medical care and treatment of PTSD and the related disability.

APPEAL

Because a final decision has not been rendered in this matter, there is no right of appeal to the Court of Appeals of Virginia at this time.