RECORD OF PROCEEDINGS

PHYSICAL DISABILITY BOARD OF REVIEW

NAME: BRANCH OF SERVICE: usmc

CASE NUMBER: PD0900138 COMPONENT: REGULAR

BOARD DATE: 20090805 SEPARATION DATE: 20050315

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SUMMARY OF CASE: This covered individual (CI) was a Motor Transport Operator Sergeant medically separated from the Marine Corps in 2005 after more than seven years of service. The medical basis for the separation was conversion disorder and three related diagnoses, low back pain, pseudoseizures, and chronic daily headaches.

The CI experienced seizure-like activity sporadically starting in January 2003. He had approximately five documented episodes before he separated two years later. However, a complete diagnostic work-up revealed he was having pseudoseizures and he continued to have these spells before, during, and after deployment to Iraq. He would have symptoms of anxiety such as lightheadedness, shortness of breath, paresthesias, chest pain, weakness, eye tearing and closure, head throbbing, and nausea and then have seizure-like activity. Testing during these events revealed no abnormal EEG activity and he had a normal brain MRI.

He was ultimately diagnosed with conversion disorder and was referred to the Navy Physical Evaluation Board (PEB). The Informal PEB determined he was unfit for continued Naval service and he was then separated with a 10% disability for 9424 Conversion disorder using the Veterans Affairs Schedule for Ratings Disabilities (VASRD) and applicable Navy and Department of Defense regulations.

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CI CONTENTION: The CI contends that his panic and anxiety disorder precludes him from working hard physically active jobs but he is fine working indoors where it is cool and office jobs. He gets deep and sharp pains in his back when heavy or medium lifting is involved.

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RATING COMPARISON:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Previous Determinations** | | | | | | | | |
| **Service** | | | | **VA** | | | | |
| **PEB Condition** | **Code** | **Rating** | **Date** | **Condition** | **Code** | **Rating** | **Effective Date** | **Examdate** |
| Conversion disorder | 9424 | 10% | 20050110 | Adjustment disorder with anxiety and tension HA (also claimed as conversion disorder with pseudoseizures) | 9413 | 10% | 20050316 | 20050702 |
| History of low back pain | Cat II  Related Diagnosis | | 20050110 | Lumbar strain | 5237 | 10% | 20050316 | 20050702 |
| Pseudoseizures | Cat II  Related Diagnosis | | 20050110 |  |  |  |  |  |
| Chronic daily headaches | Cat II  Related Diagnosis | | 20050110 |  |  |  |  |  |
| Histrionic personality disorder | Cat IV  Not a disability | | 20050110 |  |  |  |  |  |
| **TOTAL Combined: 10%** | | | | **TOTAL Combined (*incl non-PEB Dxs*): 20%** | | | | |

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ANALYSIS SUMMARY:

Conversion disorder

Following an evaluation done at the request of the PEB, the Navy psychiatrist determined the CI had Axis I: Conversion disorder; Axis II Histrionic personality traits (not disorder as listed on the PEB proceedings); Axis III History of syncope, low back pain, headaches; and Axis IV GAF 51-60. The mental status exam was normal except for poor insight and judgment and the CI was determined to be psychologically fit for full duty and responsible for his actions. However, the PEB work card suggests the PEB determined the CI was unfit because of this condition secondary to recurrent disruptive episodes and consequent burdensome medical evaluations. It was stated that he will continue to have these episodes as before and should be considered unfit. The Commander’s letter was not very specific but stated the CI was not able to perform any meaningful tasks and missed eight hours of work each week for medical appointments and evaluations. According to the work card, one PEB member thought the CI was fit (at least initially). The PEB determined the CI was unfit for Conversion disorder and rated it at 10%. No rationale for this rating is available.

Using an evaluation done two months after separation, the Veterans Administration (VA) rated this disability as 9413 Adjustment disorder with anxiety and tension headaches (also claimed as conversion disorder with pseudoseizure) at 10%. The VA psychiatrist determined that the CI did not have a conversion disorder. The examiner’s impression was that a more accurate diagnosis would be an adjustment disorder with anxiety as he only developed the seizure-like episodes towards the end of his military service and had significant relief since being discharged from the service. At the time of evaluation the CI was on anti-anxiety medication and was asymptomatic.

Low back pain

The Navy PEB considered the CI’s back pain to be a diagnosis related to his conversion disorder, category II, and therefore did not rate it as a separately unfitting condition.

Using an evaluation done two months after separation, the VA rated this disability as 5237 lumbar strain at 10%.

Unlike somatization disorder, conversion disorder does not include multiple physical complaints. Conversion disorder consists of one or more symptoms or deficits affecting voluntary motor or sensory function that suggests a neurological condition or general medical condition such as syncope or blindness. Therefore it is not appropriate to consider the CI’s back pain as related to his conversion disorder and the Board was compelled to determine if this condition was unfitting. The Board collectively opined that the CI’s low back pain was not unfitting.

Pseudoseizures

The Navy PEB considered the CI’s pseudoseizures to be a diagnosis related to his conversion disorder, category II, and therefore did not rate it as a separately unfitting condition.

The VA also considered this condition part of the CI’s overall mental health condition and did not rate it separately.

The Board collectively opined the pseudoseizures were an integral part of the CI’s conversion disorder and not a separate diagnosis to be considered.

Chronic daily headaches

The Navy PEB considered the CI’s headaches to be a diagnosis related to his conversion disorder, category II, and therefore did not rate it as a separately unfitting condition.

The VA also considered this condition part of the CI’s overall mental health condition and did not rate it separately.

Unlike somatization disorder, conversion disorder does not include multiple physical complaints. Conversion disorder consists of one or more symptoms or deficits affecting voluntary motor or sensory function that suggests a neurological condition or general medical condition such as syncope or blindness. Therefore it is not appropriate to consider the CI’s headaches as related to his conversion disorder and the Board was compelled to determine if this condition was unfitting. The Board collectively opined that the CI’s headaches were not unfitting.

Histrionic personality traits

The Navy PEB considered the CI’s histrionic personality disorder to be a category IV diagnosis. Category IV diagnoses are not disabilities. The Axis II diagnosis made by the Navy psychiatrist was histrionic personality traits, not histrionic personality disorder, however personality traits as well as personality disorders are not considered as unfitting conditions.

Using an evaluation done two months after separation, the VA determined that no personality disorder or traits were present.

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BOARD FINDINGS: IAW DoDI 6040.44, the PDBR used the Veteran’s Affairs Schedule of Rating Disabilities (VASRD) as the most favorable basis for rating. After careful consideration of all available information the Board concluded by simple majority that the CI’s condition is appropriately rated at 30% for 9424 Conversion disorder using the VASRD general rating for mental disorders.

The Board opined that the CI had signs and symptoms of both conversion disorder and anxiety disorder. However, both are rated by using the VASRD general rating formula for mental disorders to evaluate the overall disability and the Board decided to rate using the diagnosis of conversion disorder. The 30% rating is based on the CI’s inability to perform the duties of his office, grade and rank not only during periods of significant stress. The Commander’s letter stated the CI was not able to perform any meaningful tasks. The Board determined this warrants a 30% rating for occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks (although generally functioning satisfactorily, with routine behavior, self-care, and conversation normal). This was due to symptoms of anxiety and pseudoseizure spells that occurred weekly or less often. The CI’s spells appeared to be controlled with the anti-anxiety medication that was started in December 2004. However he had another episode in May 2005 that the PEB was not aware of. While this occurred after separation, it demonstrates that the condition had not resolved at the time of separation. In their rating rationale, the VA stated the CI had improved after separating from service and they rated his disability at 10%. However, the Board must determine the level of disability at the time of separation and this is 30%.

The Board also examined each of the other conditions considered by the IPEB or rated by the VA and did not find any of these to be unfitting.

The single voter for dissent (who recommended no recharacterization) elected not to submit a minority opinion.

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RECOMMENDATION: The Board recommends that the CI’s prior determination be modified as follows and that the discharge with severance pay be recharacterized to reflect permanent disability retirement, effective as of the date of the CI’s prior medical separation.

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| Unfitting Condition | VASRD Code | Rating |
| Conversion disorder | 9424 | 30% |
| Combined | 30% |

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The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20090209, w/atchs.

Exhibit B. Service Treatment Record.

Exhibit C. Department of Veterans' Affairs Treatment Record.

