RECORD OF PROCEEDINGS

PHYSICAL DISABILITY BOARD OF REVIEW

NAME: BRANCH OF SERVICE: AIR FORCE

CASE NUMBER: PD0900467 BOARD DATE: 20100609

SEPARATION DATE: 20031219

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SUMMARY OF CASE: This covered individual (CI) was a Staff Sergeant, Information Management Journeyman medically separated from the Air Force in 2003 after 7 years 7 months of service. The medical basis for the separation was Chronic Low Back Pain Associated with Degenerative Disk Disease, Status Post Spine Surgery with Residual Left Radiculopathy. The CI was referred to the Physical Evaluation Board (PEB), determined unfit for continued military service, and separated at 10% disability using the Veterans Affairs Schedule for Ratings Disabilities (VASRD) and applicable Air Forceand Department of Defense regulations.

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CI CONTENTION: The CI states: “1) Degenerative disc disease, Lumbar spine, status post laminectomy. 2) DeQuervan’s tenosynovitis, status post surgery right wrist. 3) Sensory Radiculopathy. 4) Patelofemoral Syndrome, Left knee. 5) Patelofemoral Syndrome, Right knee.”

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RATING COMPARISON:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Service IPEB | | | | VA (3 Months after Separation) | | | | |
| Unfitting Conditions | Code | Rating | Date | Condition | Code | Rating | Exam | Effective |
| Chronic Low Back Pain Associated With Degenerative Disk Disease, Status Post Spine Surgery With Residual Left Radiculopathy | 5237 | 10% | 20031023 | Degenerative disc Disease, Lumbar Spine, Status Post Laminectomy and Discectomies | 5237 | 10%  Then  20% | 20040301  20080722 | 20031220  20080519 |
| Sensory Radiculopathy, Left Leg | 8520 | 10% | 20040301 | 20031220 |
|  | Not in DES | |  | Patellofemoral Syndrome, Right Knee (Claimed as Knee Pain) | 5019 | 0% | 20040301 | 20031220 |
|  | Not in DES | |  | Patellofemoral Syndrome, Left Knee (Claimed as Knee Pain) | 5019 | 0% | 20040301 | 20031220 |
|  | Not in DES | |  | Dequervain's Tenosynovitis, Status Post Surgery, Right Wrist | 5024 | 0%  Then  10% | 20040301  20080722 | 20031220  20080519 |
|  | Not in DES | |  | Irritable Bowel Syndrome (Claimed As Spastic Colon) | 7319 | 0% | 20040301 | 20031220 |
|  | NARSUM  C/S x 2 | |  | Scar, Residual of Cesarean Section *(*Claimed as Scar and Pain) | 7805 | 0% | 20040301 | 20031220 |
| TOTAL Combined: 10% | | | | TOTAL Combined (*Includes Non-PEB Conditions*):  20% from 20031220  40% from 20080519 | | | | |

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ANALYSIS SUMMARY:

Chronic Low Back Pain: The CI initially developed lower back pain in 1997 associated with the birth of her child. She was treated conservatively with medications and physical therapy but experienced a worsening of her symptoms in January 2001. When her symptoms did not improve with conservative measures an Magnetic Resonance Imaging (MRI) was performed in September 2001. This MRI showed moderate L3-L4 degenerative disc disease with a large disc bulge and a mild broad disc bulge and facet hypertrophy at L4-L5. There was moderate bilateral neural foraminal narrowing at L3-4 and mild left neural foraminal narrowing at L4-5. Because of the objective findings on MRI she was referred to neurosurgery. She was evaluated by neurosurgery in October 2001 with the recommendation for continued conservative measures. Her symptoms continued and surgery was performed on 8 Jan 2002. A post operative MRI documented no nerve root compromise at any level. The surgery was an anatomic success but she continued to have back pain and she developed some numbness and pain down her left leg. In May 2002 neurosurgery and physical therapy released her from further care. Since that time she continued to have the same symptoms without any significant improvement. A slightly decreased range-of-motion (ROM) examination was noted on the VA examination done in March 2004.

There was evidence of radiculopathy on multiple examinations by the military and the VA. She had abnormal strength, sensation, and an absent deep tendon reflex in her left lower extremity. The VA evaluation done in July 2008 documents a more limited ROM examination but more likely than not this represents a worsening of the CI’s back condition over time and this level of limitation was not present at the time of separation from service.

(Surgery 20020108; Separation Date 20031219)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Movement  Thoracolumbar | Normal ROM | ROM Mil  20031002 | Civilian PT  20031223 | ROM VA  20040301  (3 Months after separation) | ROM VA  20080722  (19 Months after separation) |
| Flex | 0-90 | Decreased | fingertips 8" from the floor | 75 | 55 |
| Ext | 0-30 | Decreased | 8 degrees | 20 | 20 |
| R Lat flex | 0-30 |  | 15 | 30 | 20 |
| L lat flex | 0-30 |  | 15 | 30 | 20 |
| R rotation | 0-30 | Decreased | 12 | 45 (30) | 20 |
| L rotation | 0-30 | Decreased | 12 | 45(30) |  |
| COMBINED | 240 |  |  | 215 |  |
| Notes: |  | Motor 4/5 in left LE, 5/5 in all other extremities; altered sensation of the left lower extremity down to the mid-shin and calf area | Civilian PT  20031223 | No radiation of pain on movement; no muscle spasm; no tenderness; negative SLR; ROM limited by pain; no sensation to light touch medially form knee midway down right (left) leg; motor function normal; DTR: absent left knee, 2+ on right; bilateral ankle 2+ | Normal motor function; numbness on the medial aspect of the left leg from knee to superior ankle c/w compression neuropathy of L4 nerve root involving sciatic nerve |

Other Conditions

Scar, Residual of Cesarean Section: History of two c-sections mentioned the narrative summary (NARSUM). No evidence this was unfitting and no duty restrictions attributable to the scars.

Other Conditions Not in Disability Evaluation System (DES) Package: Patellofemoral Syndrome, Right Knee; Patellofemoral Syndrome, Left Knee; De Quervain's Tenosynovitis, Status Post Surgery, Right Wrist; and Irritable Bowel Syndrome

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BOARD FINDINGS: IAW DoDI 6040.44, provisions of DoD or Military Department regulations or guidelines relied upon by the PEB will not be considered by the Board to the extent they were inconsistent with the VASRD in effect at the time of the adjudication. After careful consideration of all available information the Board unanimously determined that the CI’s condition is most appropriately rated at a combined 20% with 10% for 5293 Chronic Low Back Pain Associated with Degenerative Disk Disease, Status Post Spine Surgery and 10% for 8520 Residual Left Radiculopathy IAW with the VASRD in effect at the time of separation in December 2003.

The CI had pain limited range of motion (ROM) of the thoracolumbar spine with flexion limited to 75 degrees and a combined ROM of 215 degrees along with objective evidence of radiculopathy. The 2003 VASRD code 5293 Intervertebral Disc Syndrome states that this condition will be evaluated based on either incapacitating episodes or by combining separate evaluations of its chronic orthopedic and neurologic manifestations, whichever method results in the higher evaluation. As there are no documented incapacitating episodes, the condition should be rated on the manifestations of a slight limitation of motion of the lumbar spine and a mild radiculopathy. The Board also considered the condition of Scar, Residual of Cesarean Section and unanimously determined that this condition was not unfitting at the time of separation from service and therefore no disability rating is applied.

The other diagnoses rated by the VA (Patellofemoral Syndrome, Right Knee; Patellofemoral Syndrome, Left Knee; De Quervain's Tenosynovitis, Status Post Surgery, Right Wrist; and Irritable Bowel Syndrome) were not mentioned in the Disability Evaluation System package and are therefore outside the scope of the Board. The CI retains the right to request her service Board of Correction for Military Records (BCMR) to consider adding these conditions as unfitting.

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RECOMMENDATION: The Board recommends that the CI’s prior determination be modified as follows, effective as of the date of her prior medical separation.

|  |  |  |
| --- | --- | --- |
| **UNFITTING CONDITION** | **VASRD CODE** | **RATING** |
| Chronic Low Back Pain Associated With Degenerative Disk Disease, Status Post Spine Surgery | 5293 | 10% |
| With Residual Left Radiculopathy | 5293-8520 | 10% |
| **COMBINED** | **20%** |

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The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20090724, w/atchs.

Exhibit B. Service Treatment Record.

Exhibit C. Department of Veterans' Affairs Treatment Record.

Deputy Director

Physical Disability Board of Review

SAF/MRB

1535 Command Drive, Suite E-302

Andrews AFB, MD 20762-7002

Reference your application submitted under the provisions of DoDI 6040.44 (Section 1554, 10 USC), PDBR Case Number PD-2009-00467.

After careful consideration of your application and treatment records, the Physical Disability Board of Review determined that the rating assigned at the time of final disposition of your disability evaluation system processing was not appropriate under the guidelines of the Veterans Administration Schedule for Rating Disabilities. Accordingly, the Board recommended modification of your assigned disability rating without re-characterization of your separation with severance pay.

I have carefully reviewed the evidence of record and the recommendation of the Board. I concur with that finding, accept their recommendation and direct that your records be corrected as set forth in the attached copy of a Memorandum for the Chief of Staff, United States Air Force. The office responsible for making the correction will inform you when your records have been changed.

Sincerely

Director

Air Force Review Boards Agency

Attachments:

1. Directive

2. Record of Proceedings

cc:

SAF/MRBR

DFAS-IN

PDBR PD-2009-00467

MEMORANDUM FOR THE CHIEF OF STAFF

Having received and considered the recommendation of the Physical Disability Board of Review and under the authority of Section 1554, Title 10, United States Code (122 Stat. 466) it is directed that:

The pertinent military records of the Department of the Air Force relating XXXXXXXXXX be corrected to show that the diagnoses in her finding of unfitness was Chronic low back pain associated with degenerative disk disease, status post spine surgery; VASRD code 5293; rated at 10%; and residual left radiculopathy, VASRD code 5293-8520; rated at 10%; with a combined rating of 20%.

Director

Air Force Review Boards Agency