RECORD OF PROCEEDINGS

PHYSICAL DISABILITY BOARD OF REVIEW

NAME: xxxxxxxxxxxxx BRANCH OF SERVICE: air force

CASE NUMBER: PD1100602 SEPARATION DATE: 20041019

BOARD DATE: 20120316

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty E-3/A1C (3MO51, Food Service Apprentice) medically separated for vasodepressor syncope associated with seizure activity. Between April and August 2003 the CI had three syncopal episodes, all associated with medical procedures. Electroencephalogram (EEG), computer tomography (CT) and magnetic resonance imaging (MRI) scans of the brain were normal. Neurology and cardiology evaluations led to a diagnosis of vasodepressor syncope. There were no additional syncopal episodes over the next five months. The CI was assigned several continuous temporary P4 profiles and she underwent a Medical Evaluation Board (MEB). The CI’s syncope condition was forwarded to the Physical Evaluation Board (PEB) as medically unacceptable IAW AFI 48-123.No other conditions appeared on the MEB’s submission. The PEB adjudicated the condition as vasodepressor syncope associated with seizure activity, and found the condition unfitting, rated 10%, IAW the Veterans Administration Schedule for Rating Disabilities (VASRD).The CI initially appealed to the Formal PEB, but subsequently withdrew her request and was medically separated with a 10% disability rating.

CI CONTENTION: “I feel that my file was reviewed unfairly and inaccurately because I was wrongly rated at 10% for two conditions that rendered me unfit, Vasodepressor Syncope associated with Seizure Activity. During my enlistment, I [had] three episodes of syncopal attacks associated with seizure activity Episode 1, occurred after a Colposcopy was completed by my Gynecologist. I was still laying down and slightly lifted my head because I needed to get dressed, however, I felt very light headed and my vision was distorted. I laid back, however, still blacked out. I regain consciousness and my Gyn was holding my arms down. l felt very disoriented and weak. My Gyn informed me that I had fainted and had a seizure. She said my body was convulsing and had muscle contractions. In addition, I lost urine. Episode 2 occurred after having an IV inserted for a CT Scan. I was sitting down and felt the same symptoms of being light headed with blurred vision. I called for help; I was on the floor in the waiting room when l regained consciousness. The nurse informed me that I fainted and had a seizure; this caused me to fall out of the chair. Episode 3 occurred after 12 minutes into a Tilt Table Test. I lost consciousness and became asystolic for 30 seconds. I returned to normal sinus rhythm after 30 seconds. Like the previous episodes, I felt weak and disoriented. The Tilt Table Test determined that I had a Malignant Neurocardiogenic Syncope as known as Vasodepressor Syncope. The 10% rating that was given to me makes me feel that my condition wasn't that serious in the eyes of the decision maker. However, it was serious enough to discharge me. At the time of review by the MEB, the Air Force was going through Phase 1-Force Shaping Program. I feel like I was an easy target because I was on a medical waiver and only been enlisted for a little over a year and half. If my conditions weren’t serious enough to warrant medical retirement, then I should still be in the Air Force and if they were, then I believe that it in my best interest to receive a change in my rating to warrant retirement. I greatly appreciate your time and consideration while reviewing my file.”

RATING COMPARISON:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Service PEB – Dated 20040507** | | | **VA** | | | |
| **Condition** | **Code** | **Rating** | **Condition** | **Code** | **Rating** | **Exam** |
| Vasodepressor Syncope with Seizure Activity | 8210-8299 | 10% | Vasodepressor Syncope with Associated Seizure Disorder | 8099-8910 | NSC% | STR |
| ↓No Additional MEB/PEB Entries↓ | | | 0% x 0/Not Service Connected x 1 | | | |
| **Combined: 10%** | | | **Combined: NSC** | | | |

ANALYSIS SUMMARY: The Board acknowledges the CI’s assertions that she was improperly separated by the Air Force. It is noted for the record that the Board has neither the jurisdiction nor authority to scrutinize or render opinions in reference to asserted service improprieties in the disposition of a case. The Board’s role is confined to the review of medical records and all evidence at hand to assess the fairness of PEB rating determinations, compared to VASRD standards, based on severity at the time of separation. It must also judge the fairness of PEB fitness adjudications based on the fitness consequences of conditions as they existed at the time of separation.

Syncope Condition: The CI sustained a syncopal episode following a gynecological procedure on 16 April 2003, with subsequent associated seizure-like activity of short duration. As part of the evaluation of this occurrence, the CI underwent a CT scan. While an IV was being placed, the CI had a second syncopal episode and states that she awoke with some twitching in her legs. There is no documentation in the service treatment record (STR) of true seizure-like activity. Her third syncopal episode occurred while undergoing a tilt-table test. During the course of this test the CI’s loss of consciousness was associated with bradycardia, hypotension and a brief period of asystole. No seizure activity was documented. Based on the tilt-table test, the cardiologist who was present diagnosed vasodepressor syncope. Additional workup, to include EEG, CT scan of the brain, MRI of the brain, echocardiogram and carotid duplex scan, was all normal and no source for seizures was identified. Medication was begun but discontinued due to side effects. Cardiology recommended that the CI not be deployed. The CI was assigned multiple temporary P4 profiles for syncope beginning in April 2003 and continuing until separation. These profiles variously prohibited deployment, required adequate hydration, and limited physical exertion. Following the tilt-table test, the CI had an episode of presyncope in September 2003 during a medical evaluation but her symptoms of lightheadedness resolved with rest. She had another presyncopal episode while driving which resolved after seven minutes and the CI was well enough to drive again. No other syncopal episodes were evidenced in the treatment record.

The CI underwent a MEB in March 2004, seven months prior to separation. The examiner noted that the CI had not had any episodes of syncope or presyncope over the last five months. Her examination was normal. The examiner diagnosed vasodepressor syncope, and opined that “since she has had no syncopal events in the past five months, I believe she can remain on active duty, however I do not think she should be on mobility nor deployable.” The PEB of 7 May 2004 found the CI unfit due to vasodepressor syncope associated with seizure activity, Department of Veterans’ Affairs (DVA) code 8210-8299, rated 10%, stating “member’s medical condition is not compatible with the rigors of military service as evidenced by the long-term impact the conditions limitations will have on the member’s career progression and the inequities created in deployment/remote assignment obligations.”

The Veterans’ Affairs Rating Decision (VARD) of 29 October 2004 denied service-connection for vasodepressor syncope associated with seizure disorder, stating that the condition “is not considered an actually disabling condition in and of itself under the laws administered by the VA. In order for syncope to be service-connected there must be an underlying disability to account for syncope.” The VARD pointed out that the CI had previous fainting spells during medical procedures at the ages of 9 and 12. The VARD made its recommendations based on a review of the STR. No VA Compensation and Pension (C&P) evaluation was in evidence in the records available to the Board.

The Board directs its attention to its rating recommendations based on the evidence just described. The Board concurs with the PEB decision to code the CI’s syncope condition as analogous to code 8210, paralysis of the tenth (vagus) cranial nerve, since several of the CI’s syncopal and presyncopal episodes had no associated seizure activity, and neurological evaluation and testing revealed no evidence of a seizure condition. Furthermore the tilt-table test definitively diagnosed vasodepressor syncope (also known as simple fainting, vasovagal syncope or neurocardiogenic syncope), and there was no evidence of seizure activity. Additionally, tonic-clonic motor activity may be seen during a vasovagal syncopal event and does not represent a true seizure condition. Vasovagal syncope analogizes to 8210 per the VA Alphabetical Listing of Analogous Codes. The VASRD guidelines for code 8210 are as follows:

Tenth (pneumogastric, vagus) cranial nerve

8210 Paralysis of:

Complete…………………………………………….50

Incomplete, severe ...............................30

Incomplete, moderate ..........................10

Note: Dependent upon extent of sensory and motor loss to organs of voice, respiration, pharynx, stomach and heart

The Board concluded that the CI’s vasodepressor syncope symptoms could best be described as incomplete and moderate. There was no permanent motor or sensory loss of any kind to any organ, and only transient effects on respiration and heart function during the syncopal episodes themselves. By the time of the MEB examination, the CI had not had a syncopal episode for almost 6 months, and the treatment record makes no mention of a syncopal episode between the time of the MEB and actual separation seven months later, for a total time period of 13 months since the last syncopal episode. All evidence considered, there is not reasonable doubt in the CI’s favor supporting a change from the PEB’s rating decision for the syncope condition.

Remaining Conditions. One other condition identified in the DES file was an abnormal pap smear. Several additional non-acute conditions or medical complaints were also documented. None of these conditions were clinically active during the MEB period, none carried attached profiles and none were implicated in the commander’s statement. These conditions were reviewed by the action officer and considered by the Board. It was determined that none could be argued as unfitting and subject to separation rating. No other conditions were service-connected with a compensable rating by the VA within twelve months of separation or contended by the CI. The Board therefore has no reasonable basis for recommending any additional unfitting conditions for separation rating.

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. The Board did not surmise from the record or PEB ruling in this case that any prerogatives outside the VASRD were exercised. In the matter of the syncope condition and IAW VASRD §4.124a, the Board unanimously recommends no change in the PEB adjudication.

RECOMMENDATION: The Board, therefore, recommends that there be no recharacterization of the CI’s disability and separation determination, as follows:

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| --- | --- | --- |
| **UNFITTING CONDITION** | **VASRD CODE** | **RATING** |
| Vasodepressor Syncope | 8210-8299 | 10% |
| **COMBINED** | **10%** |

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The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20110803, w/atchs

Exhibit B. Service Treatment Record

Exhibit C. Department of Veterans' Affairs Treatment Record

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President

Physical Disability Board of Review

SAF/MRB

1500 West Perimeter Road, Suite 3700

Joint Base Andrews MD 20762

Dear xxxxxxxxxx

Reference your application submitted under the provisions of DoDI 6040.44 (Title 10 U.S.C. §  1554a), PDBR Case Number PD-2011-00602

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 appropriate. Accordingly, the Board recommended no re-characterization or modification 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 and their conclusion that re-characterization of your separation is not warranted. Accordingly, I accept their recommendation that your application be denied.

Sincerely,

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Director

Air Force Review Boards Agency

Attachment:

Record of Proceedings