

RECORD OF PROCEEDINGS  
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXXXXX  
CASE NUMBER: PD1200546  
BOARD DATE: 20130118

BRANCH OF SERVICE: ARMY  
SEPARATION DATE: 20030327

**SUMMARY OF CASE:** Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty SPC/E-4 (71L/Administrative Specialist), medically separated for chronic low back pain (LBP). The CI developed LBP following a lumbar puncture done during an evaluation for a peripheral neuropathy. The CI did not improve adequately with conservative treatment to meet the physical requirements of her Military Occupational Specialty or satisfy physical fitness standards. She was issued a permanent P3L3 profile and referred for a Medical Evaluation Board (MEB). The MEB forwarded the LBP condition to the Physical Evaluation Board (PEB) as a medically unacceptable condition. Demyelinating more than axonal sensorimotor neuropathy condition, identified in the rating chart below, was also determined by the MEB to be medically unacceptable. The PEB adjudicated the low back condition as unfitting, rated 10%, with application of the Veterans Affairs Schedule for Rating Disabilities (VASRD). The neuropathy condition was determined to be not unfitting. The CI made no appeals and was medically separated with a 10% disability rating.

**CI CONTENTION:** The CI elaborated no specific contention in her application.

**SCOPE OF REVIEW:** The Board wishes to clarify that the scope of its review as defined in DoDI 6040.44, Enclosure 3, paragraph 5.e. (2) is limited to those conditions which were determined by the PEB to be specifically unfitting for continued military service; or, when requested by the CI, those condition(s) "identified but not determined to be unfitting by the PEB." The ratings for unfitting conditions will be reviewed in all cases. Any conditions or contention not requested in this application, or otherwise outside the Board's defined scope of review, remain eligible for future consideration by the Army Board for Correction of Military Records.

**RATING COMPARISON:**

Service IPEB – Dated 20030129			VA (2 Mos. Post-Separation) – All Effective Date 20030328			
Condition	Code	Rating	Condition	Code	Rating	Exam
Chronic low back pain	5299-5295	10%	Chronic low back strain	5295	10%	20030527
Demyelinating...neuropathy	Not Unfitting		NO VA ENTRY until 20070321 VARD*			
↓No Additional MEB/PEB Entries↓			Scar, Left Ear	7800	10%**	20030527
			0% X 1 / Not Service-Connected x 0			20030527
<b>Combined: 10%</b>			<b>Combined: 20%</b>			

\*The VA granted service connection peripheral neuropathy effective 20070321 rated at 0%.

\*\*VARD dated 20080604, Clear and Unmistakable error. Right ear 30% and left ear 10%, both effective 20030328.

**ANALYSIS SUMMARY:**

**Low Back Condition.** The CI developed a sensorimotor neuropathy after a series of vaccinations during initial training. As part of the diagnostic evaluation, she underwent a lumbar puncture (LP) on 1 February 2000. She was seen the next day stating that she had had a headache and LBP since the LP. The headache resolved, but she continued to have LBP about the site of the LP. Both X-rays and magnetic resonance imaging were normal. Despite duty limitations,

physical therapy and medications, she could not meet full duty requirements and was referred to an MEB. A neurological evaluation was performed on 7 November 2002 (almost 5 months prior to separation) for the MEB; it noted that she could not do push-ups secondary to the LBP. Strength and reflexes were normal. Sensation was normal except for decreased temperature and pinprick sensation in the right lower extremity. Gait was normal. At the MEB examination on 6 December 2002, the CI reported continued LBP. The examiner noted mild tenderness to palpation over the left sacroiliac joint and lumbosacral spine. The neurological examination was normal. The MEB narrative summary was dictated on 9 December 2002, (less than 4 months prior to separation). The CI reported that the pain did not radiate to the legs, but was aggravated by prolonged sitting or standing, carrying weight, impact activities, sit-ups, and push-ups. The CI denied an antalgic gait and had full function of all extremities. She was observed to have an erect posture and a "relatively normal" gait. The range-of-motion (ROM) was essentially normal. Some spasm of the paravertebral muscles was noted. Provocative testing for nerve root irritation was negative. There was no muscle atrophy. Reflexes and strength were normal; sensation was not addressed. At the VA Compensation and Pension examination on 7 May 2003, 6 weeks after separation, the CI reported continued LBP with movement and tenderness, but without radiation or incontinence. The pain was aggravated by walking for 10 minutes or sitting for five. The pain radiated to the right side of her body and had led to 5 days of absence from work. On examination, posture and gait were normal. The feet showed no signs of abnormal weight bearing. There was no evidence of radiation of pain on movement, muscle spasms or tenderness. Testing for nerve root irritation was negative. All ROM testing was slightly painful, but only slight reduced in extension and lateral flexion. DeLuca criteria were negative. Sensation, strength and reflexes were normal. X-rays were normal.

The Board directs attention to its rating recommendation based on the above evidence. The PEB and VA both rated the LBP at 10% and coded it 5295, lumbosacral strain, although the PEB did so analogously. The Board considered the other coding options for the back, but none offered a route to a higher rating. After due deliberation, considering all of the evidence and mindful of VASRD §4.3 (Resolution of reasonable doubt), the Board concluded that there was insufficient cause to recommend a change in the PEB adjudication for the LBP condition.

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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. 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 LBP condition and IAW VASRD §4.71a, the Board unanimously recommends no change in the PEB adjudication. There were no other conditions within the Board's scope of review for consideration.

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

<b>UNFITTING CONDITION</b>	<b>VASRD CODE</b>	<b>RATING</b>
Chronic Low Back Pain with Pain on Motion	5299-5295	10%
	COMBINED	10%

The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20120606, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans' Affairs Treatment Record

XXXXXXXXXXXXXXXXXXXX, DAF  
President  
Physical Disability Board of Review

SFMR-RB

MEMORANDUM FOR Commander, US Army Physical Disability Agency  
(TAPD-ZB / Mr. Brower), 2900 Crystal Drive, Suite 300, Arlington, VA 22202-3557

SUBJECT: Department of Defense Physical Disability Board of Review Recommendation for  
XXXXXXXXXXXXXXXXXXXX, AR20130001374 (PD201200546)

I have reviewed the enclosed Department of Defense Physical Disability Board of Review (DoD PDBR) recommendation and record of proceedings pertaining to the subject individual. Under the authority of Title 10, United States Code, section 1554a, I accept the Board's recommendation and hereby deny the individual's application.

This decision is final. The individual concerned, counsel (if any), and any Members of Congress who have shown interest in this application have been notified of this decision by mail.

BY ORDER OF THE SECRETARY OF THE ARMY:

Encl

XXXXXXXXXX  
Deputy Assistant Secretary  
(Army Review Boards)

CF:  
( ) DoD PDBR  
( ) DVA

