

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XX
CASE NUMBER: PD1201150
BOARD DATE: 20130219

BRANCH OF SERVICE: MARINE CORPS
SEPARATION DATE: 20060415

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty LCpl /E-3 (0341/Mortarman), medically separated for a chronic pain disorder. The CI was diagnosed with left rhomboid spasms in 2004 and cervical spondylosis with radiculopathy in 2005. Despite extensive evaluation and a variety of treatment modalities he could not be adequately rehabilitated to meet the physical requirements of his Military Occupational Specialty (MOS) or satisfy physical fitness standards. He was placed on limited duty and referred for a Medical Evaluation Board (MEB). The chronic pain disorder, characterized as “unspecified myopathy,” was forwarded to the Physical Evaluation Board (PEB). Cervical spondylosis was identified by the MEB and also forwarded as disqualifying. The PEB adjudicated the chronic pain disorder as myofascial pain syndrome, unfitting, rated 10%, with application of the Veterans Administration Schedule for Rating Disabilities (VASRD). The cervical spondylosis was determined to be a Category II condition, contributing to the unfitting condition. The CI made no appeals, and was medically separated with a 10% disability rating.

CI CONTENTION: “Because I was not properly diagnosed. My life (health and physical abilities) has drastically changed due to the injuries I suffered while on active duty. The VA has recognized me as a 40% disabled Vet. I am seeking the opportunity to have my case re-visited, re-examined, and hopefully changed to better reflect the reality of my injuries. My neck, back, head, L-arm, L-shoulder, and L-rib cage continue to give me significant amounts of pain.” [sic]

SCOPE OF REVIEW: The Board wishes to clarify that the scope of its review as defined in Department of Defense Instruction (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 conditions “identified but not determined to be unfitting by the PEB.” The rating for the unfitting myofascial pain syndrome and related cervical spine condition is addressed below. The requested head and left rib cage conditions are not within the DoDI 6040.44 defined purview of the Board. 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 Board for Correction of Naval Records.

RATING COMPARISON:

Service IPEB – Dated 20060123			VA (9 Mo. Post-Separation) – Effective 20060416			
Condition	Code	Rating	Condition	Code	Rating	Exam
Myofascial Pain Syndrome	5099-5021	10%	Migraine Headaches	8100	30%*	20070117
			Chronic Strain Left Scapula	5203	10%*	20070117
Cervical Spondylosis	Cat II		Cervical Degenerative Disc Disease	5242	10%*	20070117
↓No Additional MEB/PEB Entries↓			0% X 2 / Not Service Connected x 19			20070117
Combined: 10%			Combined: 40%			

*DRO decision of 20091223, effective from 20060416 changed the VA rating as follows: **5242** changed from Myofascial Pain Syndrome to Cervical Degenerative Disc Disease; **8100** identified as separate disability from Myofascial Pain Syndrome; and **5203** identified as a separately ratable disability from Myofascial Pain Syndrome

ANALYSIS SUMMARY:

Myofascial Pain Syndrome/Cervical spondylosis. The CI began experiencing left shoulder and rib pain after an injury in May 2004. He was diagnosed with left rhomboid strain and spasms. He reported doing well with physical fitness modifications until September 2004 when his upper back pain worsened after a 6 mile hike. In January 2005 he reported the onset of occasional left arm and hand numbness and tingling. X-ray studies of the cervical spine revealed loss of cervical lordosis. He was diagnosed with left rhomboid spasms and an associated nerve impingement. The CI was treated with physical therapy and activity modification with transient relief of his left upper back, arm, and hand pain. The CI was evaluated by neurosurgery in March 2005 with findings consistent with chronic rhomboid muscle spasms. He continued physical therapy, pain medications, and activity modification without pain relief. A magnetic resonance imaging (MRI) study in July 2005 revealed "mild right sided cervical spondylosis plus degenerative changes to the right C 5-6 and C 6-7 levels with normal appearing cord and remainder of the spine. There were no left sided abnormalities demonstrated." The narrative summary (NARSUM) documented that the CI was participating in pain management (COPE) classes and receiving chiropractic care. The NARSUM addendum, prepared 6 months prior to separation, indicated that the CI's pain was "primarily myofascial in nature" and documented normal electro-diagnostic studies. The examination documented tenderness to palpation over the left trapezius, left scapula, left latissimus dorsi and paraspinal muscles C5-L1. There were no paraspinal muscle texture changes palpated. There was 5/5 right upper extremity and 4/5 left upper extremity strength. Left forearm and hand decreased sensation to light and sharp touch was noted. At the VA Compensation and Pension (C&P) examination (9 months after separation), the CI reported daily neck pain. He reported a baseline pain level of 8/10 and pain flare-ups twice a month. He reported weakness, stiffness, swelling, heat, redness, instability, locking, fatigue, and lack of endurance in his cervical spine region with intermittent use of a neck brace for pain relief. The physical exam revealed mild pain from the mid to lower cervical spine region, pain at the left shoulder and scapula without evidence of spasms, "no current radiculopathy," and gait coordinated and smooth. Radiographic evaluation demonstrated a normal left shoulder and multilevel cervical spine degenerative disc disease (DDD). The examiner noted the DDD as "mild with subjective radiculopathy." The Board directs attention to its rating recommendation based on the above evidence. The MEB forwarded two conditions as disqualifying, "unspecified myopathy" and "cervical spondylosis." The PEB adjudicated the "unspecified myopathy" condition as "myofascial pain syndrome" and cervical spondylosis was determined to be a Category II condition, contributing to the unfitting condition. Both conditions have similar manifestations including cervical neck, upper back, and shoulder (scapula) pain or muscle spasms; and radicular or nerve impingement symptoms that characterize the CI's functional impairment and pathology. The Board considered the NARSUM addendum which identified the CI's pain as primarily myofascial, the normal electro-diagnostic studies for peripheral nerve damage, and the VA documentation of mild cervical DDD without "current radiculopathy" as indicative of the myofascial pain syndrome as the primarily disabling condition. In avoidance of pyramiding, IAW VASRD §4.14, the Board determined that the PEB's approach of identifying the myofascial pain syndrome as the unfitting condition and cervical spondylosis as contributing to the unfitting condition was appropriate for rating purposes. The left scapula strain rated by the VA is addressed in the PEB's characterization of the myofascial pain syndrome. The PEB and VA chose different coding options for the condition, but this did not bear on the rating. The PEB coded the myofascial pain syndrome analogous to myositis, 5099-5021, rated at 10%. The VA coded the myofascial pain syndrome with degenerative changes of the cervical spine, 5242, rated at 10%. The NARSUM examination performed 4 months prior to separation and the VA examination 7 months post separation met criteria for a 10% rating under the General Rating Formula for Diseases and Injuries of the Spine or § 4.59 painful motion left upper extremity, coded 5021.

After due deliberation, considering all of the evidence and mindful of VASRD §4.3 (reasonable doubt), the Board concluded that there was insufficient cause to recommend a change in the PEB adjudication of the myofascial pain syndrome condition.

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 myofascial pain with related cervical spondylosis conditions 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:

UNFITTING CONDITION	VASRD CODE	RATING
Myofascial Pain Syndrome	5099-5021	10%
	COMBINED	10%

The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20120611, w/atchs.
- Exhibit B. Service Treatment Record.
- Exhibit C. Department of Veteran’s Affairs Treatment Record.

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Acting Director
Physical Disability Board of Review

MEMORANDUM FOR DIRECTOR, SECRETARY OF THE NAVY COUNCIL OF REVIEW
BOARDS

Subj: PHYSICAL DISABILITY BOARD OF REVIEW (PDBR) RECOMMENDATIONS

Ref: (a) DoDI 6040.44
(b) CORB ltr dtd 26 Feb 13

In accordance with reference (a), I have reviewed the cases forwarded by reference (b), and, for the reasons provided in their forwarding memorandum, approve the recommendations of the PDBR that the following individual's records not be corrected to reflect a change in either characterization of separation or in the disability rating previously assigned by the Department of the Navy's Physical Evaluation Board:

- former USMC
- former USN
- former USMC
- former USMC
- former USN
- former USMC

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Assistant General Counsel
(Manpower & Reserve Affairs)