

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXXXXXXXXXXXXX
BRANCH OF SERVICE: NAVY

CASE: PD-2021-00111
SEPARATION DATE: 20041214

SUMMARY OF CASE: Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty ES, Aviation Machinist's Mate, medically separated for "migraine without aura following concussion..." with a disability rating of 10%.

CI CONTENTION: Increase rating to either 30% or 50% (legal brief submitted). The complete submission is at Exhibit A.

SCOPE OF REVIEW: The panel's scope of review is defined in DoDI 6040.44. It is limited to review of disability ratings assigned to those conditions determined by the Physical Evaluation Board (PEB) to be unfitting for continued military service, and when specifically requested by the CI, those conditions identified by the Medical Evaluation Board (MEB), but determined by the PEB to be not unfitting or non-compensable. Any conditions outside the panel's defined scope of review, and any contention not requested in this application, may remain eligible for future consideration by the Board for Correction of Military Records. The panel's authority is limited to assessing the fairness and accuracy of PEB rating determinations and recommending corrections when appropriate. The panel gives consideration to VA evidence, particularly within 12 months of separation, but only to the extent that it reasonably reflects the severity of disability at the time of separation.

RATING COMPARISON:

SERVICE PEB • 20040909			VARD • 20050120			
Condition	Code	Rating	Condition	Code	Rating	Exam
Migraine without Aura	8100	10%	Migraine Headaches	8100	50%	20041022
COMBINED RATING: 10%			COMBINED RATING OF ALL VA CONDITIONS: 60%			

ANALYSIS SUMMARY:

Migraine. According to the service treatment record (STR) and MEB narrative summary (NARSUM), the CI's migraine headaches began in September 2002 after sustaining a concussion from a head injury; she experienced loss of consciousness for 5 minutes after she was blown down by jet exhaust while serving on an aircraft carrier.

The 1 June 2004 MEB NARSUM examination, 6 months prior to separation, noted CI complaints of ongoing refractory migraine headaches that initially occurred 3-4 times per week, were associated with nausea and light sensitivity, and left her unable to function in her job. Physical examination showed normal neurologic function.

The 19 June 2004 commander's non-medical assessment noted that the CI's frequent, severe headaches prevented her from performing primary duties, and recommended separation from

Controlled by: DAF
 Controlled by: SAF/MRBD
 CUI Categories: SP-MIL/SP-PRVCY
 Limited Dissemination Control: N/A
 POC: SAF.MRBD.Worldlow@us.afmil

the service for this reason. The commander was unable to comment on current performance because the CI had transferred to a different command.

The CI sought treatment at a primary care clinic on 24 June 2004 for recurrent migraines. Examination was normal and she was placed on sick-in-quarters status for 24 hours. During a neurology appointment on 1 July 2004, 5 months before separation, the CI reported fewer and more responsive migraines after her prophylactic medication dosage was increased a month earlier. She recounted three severe headaches in the previous month, with several others triggered by weather, and reported less frequent need for abortive medication. The examiner did not note whether the severe headaches were specifically responsive to treatment allowing the CI to return to her usual activities.

In a 20 August 2004 rebuttal to an informal PEB that found her fit for duty, the CI reported taking preventive and abortive medications at least 3 times a week in order to “function through the day.” She reported taking the abortive medication while at work to help her continue working, but had someone else drive her home because she felt unsafe. The CI stated that the abortive medication made her feel “spacey while on them, though with my current job passing out tools I am able to continue doing it.” She reported her migraines were not controllable during storms, even with medication.

At a neurology follow-up visit on 16 September 2004, 3 months prior to separation, the CI reported about two headaches per week for which the abortive medication (Imitrex) was “very effective.” She had one “intense and long-lived migraine” the previous week, which was “the first bad one in several months.” She denied any adverse reactions from preventive medications. The STR remained silent regarding medical care for headaches until the time of separation.

At the 22 October 2004 VA Compensation and Pension (C&P) examination, 2 months before separation, the CI complained of recurring, throbbing migraines associated with light, smell, and sound sensitivity that caused her to “stay in bed unable to do anything.” She reported headaches that occurred an average of once every 4 days and lasted 6 hours. She stated that they were disabling and resulted in “1 time lost from work per week.” The examiner noted the CI was in no apparent distress and neurologic findings were normal.

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the migraine headaches 10%, coded 8100 (migraine). The VA rated the migraine headaches 50%, also coded 8100, based on the C&P examination, citing the frequency and severity of the headaches. Rating guidance under diagnostic code 8100 is based on the frequency of “prostrating attacks” over the “last several months.” The VASRD does not further define prostrating attacks, however commonly accepted definitions include “utter physical exhaustion or helplessness” (Webster's New World Dictionary of American English), “complete physical or mental exhaustion” or “extreme exhaustion or powerlessness” (Dorland's Illustrated Medical Dictionary). The panel carefully considered the frequency and nature of the CI's headaches including objective and corroborating subjective evidence. Review of the record did not show prostrating headaches occurring on average once per month, or more frequently, over the last several months prior to separation to support a rating higher than the 10% adjudicated by the PEB. After due deliberation, considering all the evidence and mindful of VASRD §4.3 (reasonable doubt), the panel concluded there was insufficient cause to recommend a change in the PEB adjudication for the migraine headaches.

BOARD FINDINGS: In the matter of the migraine without aura following concussion and IAW VASRD §4.124a, the panel recommends no change in the PEB adjudication. There are no other conditions within the panel's scope of review for consideration. Therefore, the panel

recommends no modification or re-characterization of the CI's disability and separation determination.

The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20211117, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans Affairs Record

3/9/2023



DEPARTMENT OF THE NAVY
SECRETARY OF THE NAVY COUNCIL OF REVIEW BOARDS
720 KENNON STREET SE STE 309
WASHINGTON NAVY YARD, DC 20374-5023

IN REPLY REFER TO
6040
CORB: 001
24 May 23

From: Director, Secretary of the Navy Council of Review Boards

Subj: Physical Disability Board of Review Determination

Ref: (a) DODI 6040.44(Series)

1. The Physical Disability Board of Review (PDBR) reviewed your case in accordance with reference (a) and forwarded their recommendation for action.
2. On 23 May 2023, the Assistant Secretary of the Navy (Manpower and Reserve Affairs) accepted the PDBR's recommendation of no change to your characterization of separation or disability rating assigned.
3. The PDBR determination is final and not subject to appeal or review.