

RECORD OF PROCEEDINGS  
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXX  
BRANCH OF SERVICE: AIR FORCE

CASE: PD-2022-00093  
SEPARATION DATE: 20031205

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**SUMMARY OF CASE:** Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E5, Dental Craftsman, medically separated for “chronic neck pain” with a disability rating of 20%.

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**CI CONTENTION:** The CI requested review of additional conditions not identified by the Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB). The complete submission is at Exhibit A.

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**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 PEB to be unfitting for continued military service, and when specifically requested by the CI, those conditions identified by the 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.

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**RATING COMPARISON:**

SERVICE PEB - 20030904			VARD – 20040913			
Condition	Code	Rating	Condition	Code	Rating	Exam
Chronic Neck Pain	5290	20%	Degenerative Disc Disease, Cervical Spine	5242	20%	20040709
<b>COMBINED RATING: 20%</b>			<b>COMBINED RATING OF ALL VA CONDITIONS: 80%</b>			

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**ANALYSIS SUMMARY:**

**Chronic Neck Pain.** According to the service treatment record (STR) and MEB narrative summary (NARSUM), the CI’s neck condition began in December 1996 when she underwent left carpal tunnel release. Later, she underwent bilateral cervical rib resection in December 1997, as well as January 1998. Six months later she was noted to have marked neck and trapezius spasm with chronic difficulty since then. She also had a motor vehicle accident in January 2001, which exacerbated the symptoms.

A cervical spine MRI in February 2003 showed mid-cervical kyphosis with broad based disc bulges at multiple levels, most notably at the C5-6 level. No stenosis of neural foramina. Neck x-rays in July 2003 revealed cervical spondylosis with disc disease suspected at C5-6, and no significant interval change since prior examinations.

The 9 June 2003 MEB NARSUM examination, 6 months prior to separation, noted complaints of chronic neck pain. A February 2003 neurological consultation showed areas of mild tenderness, but a normal gait. No range of motion (ROM) measurements were recorded. At the pain clinic in July 2003 the CI reported chronic 8/10 neck pain. The examination showed full cervical spine

ROM, with no spasm noted. At the 9 July 2004 VA Compensation and Pension (C&P) examination, 7 months after separation, the CI reported neck pain radiating into the upper part of the thoracic region. Physical examination found tenderness, but posture and gait were normal. The examiner recorded flexion of 25 degrees (normal 45) and combined ROM of 320 degrees (normal 340) with motion limited by pain.

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the neck condition 20%, coded 5290 (limitation of motion of the cervical spine), citing the CI's level of functionality. The VA also rated the neck condition 20%, coded 5242 (degenerative arthritis of the spine), based on the C&P examination, citing forward flexion limited to 25 degrees. Panel members agreed that a 20% rating, but no higher, was justified for limitation of flexion (greater than 15 degrees but not greater than 30 degrees) as reported on the VA examination. There was no documentation of intervertebral disc syndrome with incapacitating episodes lasting more than four weeks during the last 12 months prior to separation which would provide for a higher rating under that formula. Additionally, while the CI may have experienced radiating pain to the shoulder, this is subsumed under the general spine rating criteria, which specifically states "with or without symptoms such as pain (whether or not it radiates)." 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 neck condition.

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**BOARD FINDINGS:** In the matter of the neck condition and IAW VASRD §4.71a, 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.

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The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20220916, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans Affairs Record

SAF/MRB  
3351 Celmers Lane  
JBA NAF Washington, MD 20762-6435

Dear XXXXXXXXXX:

Reference your application submitted under the provisions of DoDI 6040.44 (Section 1554, 10 USC), PDBR Case Number PD-2022-00093.

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 rating modification or re-characterization of your separation.

I have carefully reviewed the evidence of record and the recommendation of the Board. I concur with that finding and their conclusion that modification of your disability rating or characterization of your separation is not warranted. Accordingly, I accept the recommendation that your application be denied.

Sincerely,

Attachment:  
Record of Proceedings