

SAF/MRB
3351 CELMERS LANE
JBA NAF WASHINGTON, MD 20762-6435

Dear XXXXXXXX:

Reference your application submitted under the provisions of DoDI 6040.44 (Section 1554, 10 USC), PDBR Case Number PD-2022-00107.

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,

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXX
BRANCH OF SERVICE: AIR FORCE

CASE: PD-2022-00107
SEPARATION DATE: 20091228

SUMMARY OF CASE: Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E5, aerospace maintenance craftsman (flying crew chief), medically separated for “chronic low back pain [LBP] due to degenerative disc disease [DDD]” and “cold urticaria,” rated 20% and 0%, respectively, with a combined disability rating of 20%.

CI CONTENTION: 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.

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.

RATING COMPARISON:

SERVICE PEB – 20090904			VARD - 20110128			
Condition	Code	Rating	Condition	Code	Rating	Exam
Chronic LBP due to DDD	5242	20%	Low Back Strain with Degenerative Arthritis	5010-5237	20%	20100817
Cold Urticaria	7825	0%	Recurrent Urticaria	7825	0%	20100826
COMBINED RATING: 20%			COMBINED RATING OF ALL VA CONDITIONS: 40%			

ANALYSIS SUMMARY:

LBP. According to the service treatment record (STR) and MEB narrative summary (NARSUM), the CI began experiencing LBP in 2003 after a twisting injury while lifting a heavy tool kit. A lumbar spine MRI in September 2006 revealed partial sacralization of the right L5 transverse process with pseudoarthrosis and a question of surrounding bone marrow edema at the articulation with the sacrum. Moderate disc desiccation with central protrusion was noted from L3-5, but without significant foraminal narrowing or central canal stenosis. In February 2008, X-rays showed transitional lumbosacral vertebral anatomy, but an otherwise normal lumbar spine.

The 10 June 2009 MEB NARSUM examination, 6 months prior to separation, noted CI complaints of LBP. At the MEB physical therapy (PT) range of motion (ROM) examination a week later, the examiner recorded lumbosacral tenderness, but no muscle spasm, and a normal gait. A bubble

goniometer, or inclinometer, was used to measure lumbar (not thoracolumbar) forward flexion to 45 degrees after repetition.

At the 17 August 2010 VA Compensation and Pension (C&P) examination, 8 months after separation, the CI reported constant LBP which varied in intensity. The examiner found no evidence of tenderness, swelling, deformity, or muscle spasm. Measured ROM showed forward flexion to 40 degrees. While the examiner referred to low back, lumbar, and lumbosacral findings during the examination, the thoracolumbar system was never mentioned. It is also notable that the VA rating specialist interpreted the measurements as "lumbar" spine ROM.

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the low back condition 20%, coded 5242 (degenerative arthritis of the spine), citing Department of Defense guidance for applying the Veterans Administration Schedule for Rating Disabilities. The VA also rated the low back condition 20%, but dual-coded 5010-5237 (traumatic arthritis - lumbosacral strain), based on the C&P examination, citing objective findings of low back strain with limited flexion and pain, and X-ray evidence of arthritis. Panel members noted that both the MEB PT and VA C&P ROM examinations most proximate to separation addressed lumbar findings and measurements only rather than goniometric thoracolumbar ROM specified by the VASRD (§4.71a, Plate V). To standardize the lumbar ROM measurements, the panel calculated the percentage of the total normal range, noting that full lumbar forward flexion is generally accepted to be between 50-60 degrees. Giving the CI the maximum benefit and using 60 degrees as the full range for lumbar flexion, the 45 degrees of flexion measured at the MEB PT ROM examination was 75% of the normal range. This equated to approximately 67.5 degrees (70) when taken as a percentage of 90 degrees of normal thoracolumbar flexion. Using this same formula, the VA examiner's measurement of lumbar flexion (66% of normal) equaled approximately 60 degrees of thoracolumbar flexion. Thus, panel members agreed that a 20% rating, but no higher, was justified for limitation of flexion (greater than 30 degrees but not greater than 60 degrees). There was no documentation of intervertebral disc syndrome with incapacitating episodes which would provide for a higher rating under that formula. 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 low back condition.

Cold Urticaria. According to the STR and MEB NARSUM, the CI's skin condition began in December 2008 after being exposed to cold weather while on temporary duty in Alaska for two weeks as a mechanic. After returning to his duty station in California, he was seen by a provider after developing hives on his arms and legs with intense itching.

At the MEB NARSUM examination he complained of having to wear a jacket wherever he went due to welts and hives on cold exposed areas, especially the arms and face. He reported greatly reduced symptoms by taking two antihistamines and reducing cold exposure. The examiner did not note any skin abnormalities.

At the VA C&P examination, the CI reported two urticaria episodes that responded well to a short-acting antihistamine followed by a long-acting antihistamine prophylactically. The examiner noted that the CI had no further recurrences while taking his daily Zyrtec.

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the urticaria 0%, coded 7825 (urticaria), citing the condition was "fairly well controlled on daily Zyrtec, with some tingling and redness when exposed to cold." The VA also rated the urticaria 0%, coded 7825, based on the C&P examination, citing objective findings that the urticaria was controlled with medication. 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 urticaria.

BOARD FINDINGS: In the matter of the low back condition and IAW VASRD §4.71a, the panel recommends no change in the PEB adjudication. In the matter of the urticaria and IAW VASRD §4.118, 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 20221025, w/atchs

Exhibit B. Service Treatment Record

Exhibit C. Department of Veterans Affairs Record