

CUI//SP-PRVCY

**RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW**

NAME: XXXXXXXXXXXXXXXX
BRANCH OF SERVICE: ARMY

CASE: PD-2023-00014
SEPARATION DATE: 20030624

SUMMARY OF CASE: Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E5, Telecom Terminal Repair, medically separated for “facial pain following dental treatment,” with a disability rating of 20%.

CI CONTENTION: “Review all conditions. 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.

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 - 20030303			VARD - 20040915			
Condition	Code	Rating	Condition	Code	Rating	Exam
Facial Pain	5099-5003	20%	Mandibular Neuralgia Incidental to Neuroma from Oral Surgery	8299-8207	20%	20030211
COMBINED RATING: 20%			COMBINED RATING OF ALL VA CONDITIONS: 60%			

ANALYSIS SUMMARY:

Facial Pain. According to the service treatment record (STR) and MEB narrative summary (NARSUM), the CI’s facial pain began in January 2002 after placement of a dental implant. The procedure required a bone graft to the left mandible. Despite multiple subsequent procedures to address her pain, the mouth pain persisted.

During the April 2002 MEB examination (recorded on DD Forms 2807-1 and 2808), 14 months prior to separation, the CI reported pain that prevented her from sleeping and had caused her to feel depressed. Her mouth pain required several visits to the emergency room. Physical examination revealed chin pain.

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At the 23 August 2002 pain management center where the CI underwent radiofrequency treatment for mandibular pain, it was noted that there had been some pain relief from a variety of medications, but the relief was incomplete and complicated by side effects of the medications. Physical examination noted the CI was pleasant and not in acute distress. Sensory examination of the face was normal except for allodynia (sensation of heat) and hyperpathia (increased pain in response to a stimulus) in the distribution of V3 (mandibular branch of the trigeminal [cranial nerve V]). Oral exam revealed well-healed surgical scars. Motor exam was normal.

The 9 January 2003 MEB NARSUM examination, 5 months prior to separation, noted complaints of 8/10 pain described as being constant, sharp and burning. Medication, ganglion blocks, radial frequency ablation and multiple other blocks of the facial nerves had not resolved her pain. Physical examination showed cranial nerves II-XII intact, except for sensory changes in the lower lip and chin (sensation of heat). The CI did not appear to be in distress. All other aspects of the neurological examination were normal.

At the 11 February 2003 VA Compensation and Pension (C&P) examination, 4 months before separation, the CI reported lower mandible teeth sensitivity to light touch with the fingertips. The teeth were also sensitive to cold liquids and cold weather. She had pain if she kissed her husband or child, and pain if she smiled or frowned. Physical examination revealed tenderness to touch over the front six teeth in the mandible and tenderness over the inside of the lower lip and the top of the lower lip. Cranial nerves were intact. The CI did not experience pain with her tongue and had full use of her tongue.

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the facial pain 20%, analogously coded 5003 (arthritis, degenerative), citing the US Army Physical Disability Agency pain policy. The VA rated the facial pain 20%, analogously coded 8299-8207 (paralysis of seventh cranial nerve), citing incomplete, severe nerve palsy, based on the C&P examination.

Panel members first agreed that a nerve code more appropriately captured the condition. Under the 8207 code, the higher rating of 30% is for complete paralysis of the nerve related to both sensory and motor loss of function. The NARSUM and pain management examination recorded sensory changes in the lower mandible. The C&P examination noted lower teeth sensitivity to touch and cold. There were no other impairments of sensory function to the face or mouth. There was no report of loss of motor function to the mouth, such as inability to chew or open or close mouth, or inability to move the tongue, or purse the lips.

The panel also considered a rating under code 8205 given the fact that pain management treatment referenced nerve blocks to the V3 (trigeminal-mandibular branch), but panel members agreed, there was not sufficient evidence to support a higher rating under code 8205 since the only clinical finding was allodynia. There was no motor loss or any other sensory loss to justify the rating of incomplete, severe. Panel members agreed the 20% rating, and no higher, was justified for the facial pain.

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 facial pain.

BOARD FINDINGS: In the matter of the facial pain 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.

The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20211008, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans Affairs Record

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Dear XXXXXXXXXXXXXXXX:

The Department of Defense Physical Disability Board of Review (DoD PDBR) reviewed your application and found your separation disability rating and your separation from the Army for disability with severance pay to be accurate. I have reviewed the Board's recommendation and record of proceedings (copy enclosed), and I accept its recommendation. I regret to inform you that your application to the DoD PDBR is denied.

This decision is final. Recourse within the Department of Defense or the Department of the Army is exhausted; however, you have the option to seek relief by filing suit in a court of appropriate jurisdiction.

A copy of this decision has been provided to the counsel you listed on your application.

Sincerely,

Enclosure

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