



DEPARTMENT OF VETERANS AFFAIRS

November 13, 2017

In reply, refer to:  
316/MO  
File Number:

Dear Mr.

We made a decision regarding your entitlement to VA benefits.

Your service treatment reports notes complaints of and treatment for carpal tunnel syndrome and you have a current diagnosis of this condition. If you wish to file a claim for service connection for this condition, please do so on the requisite form.

This letter tells you about your entitlement amount, payment start date, and what we decided. It includes the evidence used and reasons for our decision. We have also included information about what to do if you disagree with our decision and who to contact if you have questions or need assistance.

Payment Summary

Your monthly entitlement amount is shown below:

Total VA Benefit	Amount Withheld	Amount Paid	Payment Start Date	Reason
\$3,425.99	\$1,545.00	\$1,880.99	Aug 1, 2017	Original Award
\$3,425.99	\$0.00	\$3,425.99	Nov 1, 2017	Retired Pay Adjustment

Your monthly entitlement amount includes payment for the following dependent(s):

Payment Start Date	Award Dependent(s)
Aug 1, 2017	
Nov 1, 2017	



**DEPARTMENT OF VETERANS AFFAIRS  
VETERANS BENEFITS ADMINISTRATION  
Regional Office**

**VA File Number**

**Represented By:  
CHUCK R PARDUE**

**Rating Decision  
11/03/2017**

**INTRODUCTION**

The records reflect that you are a veteran of the Gulf War Era and Peacetime. You served in the Army from August 9, 1977, to April 6, 2000. You filed an original disability claim that was received on July 27, 2017. Based on a review of the evidence listed below, we have made the following decision(s) on your claim.

**DECISION**

1. Service connection for chronic fatigue syndrome is granted with an evaluation of 100 percent effective July 24, 2017.

2. Service connection for depressive disorder with depressive features claimed as depression is granted with an evaluation of 70 percent effective July 24, 2017.

3. Service connection for degenerative disc disease with intervertebral disc syndrome claimed as lumbar spine condition is granted with an evaluation of 40 percent effective July 24, 2017.

4. Service connection for fibromyalgia is granted with an evaluation of 40 percent effective July

24, 2017.

5. Service connection for degenerative disc disease of the cervical spine claimed as cervical spine condition is granted with an evaluation of 30 percent effective July 24, 2017.

6. Service connection for irritable bowel syndrome is granted with an evaluation of 30 percent effective July 24, 2017.

7. Service connection for migraine headaches is granted with an evaluation of 30 percent effective July 24, 2017.

8. Service connection for hemorrhoids is granted with an evaluation of 10 percent effective July 24, 2017.

9. Service connection for tinnitus is granted with an evaluation of 10 percent effective July 24, 2017.

10. Service connection for bilateral hearing loss claimed as right and left ear hearing loss is granted with an evaluation of 0 percent effective July 24, 2017.

11. Service connection for hypertension is granted with an evaluation of 0 percent effective July 24, 2017.

12. Service connection for left sciatic radiculopathy is granted with an evaluation of 20 percent effective July 24, 2017.

13. Service connection for right sciatic radiculopathy is granted with an evaluation of 20 percent effective July 24, 2017.

14. Entitlement to special monthly compensation based on housebound criteria being met is granted from July 24, 2017.

15. Basic eligibility to Dependents' Educational Assistance is established from July 24, 2017, the date of your intent to file.

### EVIDENCE

- VA Form 21-0966, Intent To File A Claim For Compensation and/or Pension, or Survivors Pension and/or DIC, received July 24, 2017
- VA Form 21-526EZ Veteran's Fully Developed Claim, received July 27, 2017
- Treatment letter from Dr. Seiter received July 27, 2017
- DD Form 214, Certificate of Release or Discharge from Active Duty, dated July 27, 2017 for period of service of August 9, 1977, to April 6, 2000

- Curriculum Vitae received July 27, 2017
- VCAA Notice Response, received July 27, 2017
- Medical evaluation Board proceedings received July 27, 2017
- Service treatment reports submitted by veteran received July 27, 2017
- Treatment notices from Dr. Hurdiss received July 27, 2017
- Disability Benefit Questionnaire, dated July 27, 2017
- VA letter, dated August 4, 2017
- VA Form 21-526EZ Veteran's Fully Developed Claim, received August 7, 2017-duplicate
- Service Treatment Records, dated August 15, 2017 for period of service of August 9, 1977, to April 6, 2000
- JLV treatment reports to include Fort Gordan received August 31, 2017
- Military service verification received August 31, 2017
- VA letter, dated September 1, 2017
- Military personnel pages received September 15, 2017 for period of service of August 9, 1977, to April 6, 2000
- VA letter, dated September 15, 2017
- VA letter, dated October 2, 2017
- Treatment reports from Pain Center received October 6, 2017
- VA Form 21-0820 Report of General Information, dated October 17, 2017
- VAMC (Veterans Affairs Medical Center) treatment records, Augusta, from August 27, 2002 through October 11, 2017
- VAMC (Veterans Affairs Medical Center) treatment records, Columbia VAMC, from October 7, 2002 through October 23, 2002
- VAMC (Veterans Affairs Medical Center) treatment records, Big Springs, from May 5, 2005 through June 3, 2009

## **REASONS FOR DECISION**

### **1. Service connection for chronic fatigue syndrome to include to service in Southwest Asia.**

Service connection for chronic fatigue syndrome has been established as related to service in Southwest Asia. The examiner related your condition to your service in Southwest Asia.

An evaluation of 100 percent is assigned from July 24, 2017, the date of your intent to file.

We have assigned a 100 percent evaluation for your chronic fatigue syndrome based on:

- Symptoms, which are nearly constant and so severe as to almost completely restrict routine daily activities

Additional symptom(s) include:

- Symptoms, which are nearly constant and restrict routine daily activities to less than 50 percent of the pre-illness level

This is the highest schedular evaluation allowed under the law for chronic fatigue syndrome.

## **2. Service connection for depressive disorder with depressive features claimed as**

### **depression.**

Service connection for depressive disorder with depressive features claimed as depression has been established as directly related to military service.

An evaluation of 70 percent is assigned from July 24, 2017, the date of your intent to file.

We have assigned a 70 percent evaluation for your depression based on:

- Difficulty in adapting to stressful circumstances
- Neglect of personal appearance and hygiene
- Difficulty in adapting to work
- Depressed mood
- Near-continuous depression affecting the ability to function independently, appropriately and effectively
- Disturbances of motivation and mood
- Difficulty in adapting to a worklike setting
- Mild memory loss
- Difficulty in establishing and maintaining effective work and social relationships
- Chronic sleep impairment
- Near-continuous panic affecting the ability to function independently, appropriately and effectively
- Occupational and social impairment with reduced reliability and productivity

The overall evidentiary record shows that the severity of your disability most closely approximates the criteria for a 70 percent disability evaluation.

A higher evaluation of 100 percent is not warranted for major depressive disorder unless the evidence shows total occupational and social impairment, due to such symptoms as:

- gross impairment in thought processes or communication
- persistent delusions or hallucinations
- grossly inappropriate behavior
- persistent danger of hurting self or others
- intermittent inability to perform activities of daily living (including maintenance of minimal personal hygiene)
- disorientation to time or place
- memory loss for names of close relatives, own occupation, or own name.

## **3. Service connection for degenerative disc disease with intervertebral disc syndrome claimed as lumbar spine condition.**

Service connection for degenerative disc disease with intervertebral disc syndrome claimed as lumbar spine condition has been established as directly related to military service.

An evaluation of 40 percent is assigned from July 24, 2017, the date of your intent to file.

We have assigned a 40 percent evaluation for your lumbar spine condition based on:

- Forward flexion of the thoracolumbar spine 30 degrees or less

Additional symptom(s) include:

- With incapacitating episodes having a total duration of at least two weeks but less than four weeks during the past 12 months
- Combined range of motion of the thoracolumbar spine greater than 120 degrees but not greater than 235 degrees
- Combined range of motion of the thoracolumbar spine not greater than 120 degrees
- Guarding severe enough to result in an abnormal gait or abnormal spinal contour such as scoliosis, reversed lordosis, or abnormal kyphosis
- Muscle spasm severe enough to result in an abnormal gait or abnormal spinal contour such as scoliosis, reversed lordosis, or abnormal kyphosis

The provisions of 38 CFR §4.40 and §4.45 concerning functional loss due to pain, fatigue, weakness, or lack of endurance, incoordination, and flare-ups, as cited in *DeLuca v. Brown and Mitchell v. Shinseki*, have been considered and are not warranted. Although there was additional loss of range of motion with repetitive movements, these changes did not rise to the next higher level of disability.

A higher evaluation of 50 percent is not warranted for degenerative arthritis of the spine unless the evidence shows:

- Unfavorable ankylosis of the entire thoracolumbar spine.

Additionally, a higher evaluation of 60 percent is not warranted for degenerative arthritis of the spine unless the evidence shows:

- Intervertebral disc syndrome (IVDS) with incapacitating episodes having a total duration of at least six weeks during the past 12 months.

#### **4. Service connection for fibromyalgia to include due to service in Southwest Asia.**

Service connection for fibromyalgia has been established as directly related to military service. The examiner related your condition to your service in Southwest Asia. The symptoms of depression, anxiety, headaches and irritable bowel syndrome have not been considered in this evaluation to avoid pyramiding regulation violations.

An evaluation of 40 percent is assigned from July 24, 2017, the date of your intent to file.

We have assigned a 40 percent evaluation for your fibromyalgia based on:

- Widespread musculoskeletal pain and tender points that are constant
- Widespread musculoskeletal pain and tender points that are near constant
- Widespread musculoskeletal pain and tender points that are refractory to therapy

Additional symptom(s) include:

- Fatigue

- Sleep disturbance
- Stiffness
- Widespread musculoskeletal pain and tender points that require continuous medication for control
- The above symptoms:
  - Are constant
  - Are near constant
  - Are refractory to therapy

Widespread pain means pain in both the left and right sides of the body, that is both above and below the waist, and that affects both the axial skeleton (i.e., cervical spine, anterior chest, thoracic spine, or low back) and the extremities.

This is the highest schedular evaluation allowed under the law for fibromyalgia.

#### **5. Service connection for degenerative disc disease of the cervical spine claimed as cervical spine condition.**

Service connection for degenerative disc disease of the cervical spine claimed as cervical spine condition has been established as directly related to military service.

An evaluation of 30 percent is assigned from July 24, 2011, the date of your intent to file.

We have assigned a 30 percent evaluation for your cervical spine condition based on:

- Forward flexion of the cervical spine 15 degrees or less

Additional symptom(s) include:

- Combined range of motion of the cervical spine not greater than 170 degrees
- Forward flexion of the cervical spine greater than 15 degrees but not greater than 30 degrees
- Painful motion upon examination

The provisions of 38 CFR §4.40 and §4.45 concerning functional loss due to pain, fatigue, weakness, or lack of endurance, incoordination, and flare-ups, as cited in *DeLuca v. Brown and Mitchell v. Shinseki*, have been considered and were applied based on additional joint limitation.

A higher evaluation of 40 percent is not warranted for degenerative arthritis of the spine unless the evidence shows:

- Unfavorable ankylosis of the entire cervical spine.

#### **6. Service connection for irritable bowel syndrome to include due to service in Southwest Asia.**

Service connection for irritable bowel syndrome has been established as directly related to military service. The examiner related your condition to your service in Southwest Asia.

An evaluation of 30 percent is assigned from July 24, 2017, the date of your intent to file.

We have assigned a 30 percent evaluation for your irritable bowel syndrome based on:

- Abdominal distress
- Alternating diarrhea and constipation
- Diarrhea

Additional symptom(s) include:

- Disturbances of bowel function
- Frequent episodes of bowel disturbance

This is the highest schedular evaluation allowed under the law for irritable bowel syndrome.

#### **7. Service connection for migraine headaches due to service in Southwest Asia.**

Service connection for migraine headaches has been established as due to service in the Gulf War. The Examiner related your condition to service in Southwest Asia.

An evaluation of 30 percent is assigned from July 24, 2017, the date of your intent to file.

We have assigned a 30 percent evaluation for your migraine headaches based on:

- Characteristic prostrating attacks occurring on an average once a month over last several months

A higher evaluation of 50 percent is not warranted for migraine unless the evidence shows very frequent completely prostrating and prolonged attacks productive of severe economic inadaptability.

#### **8. Service connection for hemorrhoids to include due to service in Southwest Asia.**

Service connection for hemorrhoids has been established as directly related to military service. The examiner related your condition to your service in Southwest Asia.

An evaluation of 10 percent is assigned from July 24, 2017, the date of your intent to file.

We have assigned a 10 percent evaluation for your hemorrhoids based on:

- Evidence of frequent recurrences

Additional symptom(s) include:

- Mild symptoms

A higher evaluation of 20 percent is not warranted for hemorrhoids unless the evidence shows hemorrhoids with persistent bleeding and with secondary anemia, or with fissures.



## **9. Service connection for tinnitus.**

---

Service connection for tinnitus has been established as directly related to military service.

An evaluation of 10 percent is assigned from July 24, 2017 the date of your intent to file for hearing loss which has sympathetically been construed as a claim for service connection for tinnitus.

We have assigned a 10 percent evaluation for your tinnitus based on:

- Recurrent tinnitus

A single evaluation for recurrent tinnitus is assigned whether the sound is perceived in one ear, both ears, or in the head.

This is the highest schedular evaluation allowed under the law for tinnitus.

## **10. Service connection for bilateral hearing loss claimed as right and left ear hearing loss.**

We have granted your claim for bilateral hearing loss. There is insufficient evidence received to show an evaluation in excess of 0 percent is warranted for this condition at this time.

The effective date of this grant is July 24, 2017, the date of your intent to file

Service connection is warranted because you had military acoustic trauma as evidenced by a significant puretone threshold shift in-service and your hearing loss has been linked to that acoustic trauma.

Your VA examiner opined that it is at least as likely as not that your hearing loss is due to military noise exposure.

VA examination findings show the left ear with 90 percent discrimination. Decibel (dB) loss at the puretone threshold of 500 Hertz (Hz) is 10, at 1000 Hz is 5, at 2000 Hz is 15, at 3000 Hz is 45, and at 4000 Hz is 50. The average decibel loss is 29 in the left ear. The right ear shows a speech discrimination of 94 percent. Your right ear Decibel (dB) loss at the puretone threshold of 500 Hertz (Hz) is 5, at 1000 Hz is 5, at 2000 Hz is 20, at 3000 Hz is 50, and at 4000 Hz is 55. The average decibel loss is 33 in the right ear.

An evaluation of 0 percent is assigned because your right ear has a speech discrimination of 94 with an average decibel loss of 33 and your left ear has a speech discrimination of 90 with an average decibel loss of 29. The evaluation for hearing loss is based on objective testing. Higher evaluations are assigned for more severe hearing impairment.

An evaluation of 0 percent is assigned from July 24, 2017.

### **11. Service connection for hypertension to include service in Southwest Asia.**

---

Service connection for hypertension has been established as directly related to military service. The examiner related your condition to your service in Southwest Asia.

An evaluation of noncompensable percent is assigned from July 24, 2017, the date of your intent to file.

We have assigned a noncompensable evaluation for your hypertension based on:

- A diagnosed disability with no compensable symptoms

Note: In every instance where the schedule does not provide a zero percent evaluation for a diagnostic code, a zero percent evaluation shall be assigned when the requirements for a compensable evaluation are not met. {38 CFR §4.31}

A higher evaluation of 10 percent is not warranted for hypertensive vascular disease unless the evidence shows:

- A history of diastolic pressure predominantly 100 or more and there is a requirement for continuous medication for control; or,
- Diastolic pressure predominantly 100 or more; or,
- Systolic pressure predominantly 160 or more.

### **12. Service connection for left sciatic radiculopathy as secondary to the service-connected disability of degenerative disc disease with intervertebral disc syndrome claimed as lumbar spine condition.**

Service connection for left sciatic radiculopathy has been established as related to the service-connected disability of degenerative disc disease with intervertebral disc syndrome claimed as lumbar spine condition.

An evaluation of 20 percent is assigned from July 24, 2017, the date of your intent to file.

We have assigned a 20 percent evaluation for your left sciatic radiculopathy based on:

- Moderate incomplete paralysis

A higher evaluation of 40 percent is not warranted for paralysis of the sciatic nerve unless the evidence shows nerve damage is moderately severe.

### **13. Service connection for right sciatic radiculopathy as secondary to the service-connected disability of degenerative disc disease with intervertebral disc syndrome claimed as lumbar spine condition.**

Service connection for right sciatic radiculopathy has been established as related to the service-connected disability of degenerative disc disease with intervertebral disc syndrome claimed as

lumbar spine condition.

An evaluation of 20 percent is assigned from July 24, 2017, the date of your intent to file.

We have assigned a 20 percent evaluation for your right sciatic radiculopathy based on:

- Moderate incomplete paralysis

A higher evaluation of 40 percent is not warranted for paralysis of the sciatic nerve unless the evidence shows nerve damage is moderately severe.

#### **14. Entitlement to special monthly compensation based on housebound.**

Entitlement to special monthly compensation is warranted in this case because criteria regarding housebound have been met.

Entitled to special monthly compensation under 38 U.S.C. 1114, subsection (s) and 38 CFR 3.350(i) on account of chronic fatigue syndrome rated 100 percent and additional service-connected disabilities of depression, hearing loss, irritable bowel syndrome, migraine headaches, lumbar spine, cervical spine, right and left radiculopathy, hypertension and hemorrhoids, independently ratable at 60 percent or more from July 24, 2017, the date you met the criteria for this benefit.

#### **15. Eligibility to Dependents' Educational Assistance under 38 U.S.C. Chapter 35.**

Eligibility to Dependents' Educational Assistance is derived from a veteran who was discharged under other than dishonorable conditions; and, has a permanent and total service-connected disability; or a permanent and total disability was in existence at the time of death; or the veteran died as a result of a service-connected disability. Also, eligibility exists for a serviceperson who died in service. Finally, eligibility can be derived from a service member who, as a member of the armed forces on active duty, has been listed for more than 90 days as: missing in action; captured in line of duty by a hostile force; or forcibly detained or interned in line of duty by a foreign government or power.

Basic eligibility to Dependents' Education Assistance is granted as the evidence shows the veteran currently has a total service-connected disability, permanent in nature.

#### **REFERENCES:**

Title 38 of the Code of Federal Regulations, Pensions, Bonuses and Veterans' Relief contains the regulations of the Department of Veterans Affairs which govern entitlement to all veteran benefits. For additional information regarding applicable laws and regulations, please consult your local library, or visit us at our website, [www.va.gov](http://www.va.gov).