

(UNCLASSIFIED)

INFORMATION PAPER

MCJA-OSC  
26 November 2014

SUBJECT: Radiculopathy

1. Purpose: To provide information for Soldiers going through the IDES process concerning the diagnosis of radiculopathy.

2. Facts:

a. The Physical Evaluation Board (PEB) determines whether those medical conditions that are identified by the Medical Evaluation Board (MEB) as falling below retention standards make the Soldier fit or unfit for further performance of military duties. The PEB determination of whether a Soldier who experiences radiculopathy is fit for duty is performance-based and highly-specific. Relevant factors include the severity of radicular pain and the specific restrictions for the particular Soldier. The PEB will balance those factors against the demands of the Soldier's Primary Military Occupational Specialty (PMOS).

b. DODI 1332.18 identifies the analysis used by the PEB. In general, the PEB considers whether the Soldier's condition:

(1) Prevents the Soldier from performing the duties of her or his office, grade, rank, or rating, including those during a remaining period of Reserve obligation.;

(2) Will create a danger to the Soldier or other Soldiers if the Soldier is found fit and returned to duty;

(3) Will create an unreasonable burden on the unit if the Soldier is found fit and returned to duty; and

(4) Will prevent the Soldier from deploying individually or as part of a unit.

c. Radiculopathy refers to a set of conditions due to a compression or irritation of the nerves in the spine that can cause pain, numbness, tingling, or weakness along the course of the nerve.

(1) Radiculopathy can occur in any part of the spine but it is most common in the lower back (lumbar radiculopathy) and in the neck (cervical radiculopathy). The most common symptoms of radiculopathy are pain, numbness and tingling in the arms or legs. It is common for patients to also have localized neck or back pain as well.

(2) The symptoms of radiculopathy depend on which nerves are affected.

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(a) The nerves exiting from the neck (cervical spine) control the muscles of the neck and arms and supply sensation there.

(b) The nerves from the middle portion of the back (thoracic spine) control the muscles of the chest and abdomen and supply sensation there.

(c) The nerves from the lower back (lumbar spine) control the muscles of the buttocks and legs and supply sensation there.<sup>1</sup>

d. Radiculopathy can be caused by several physical conditions, including:

- (1) Vertebral fracture or dislocation;
- (2) Strain;
- (3) Degenerative arthritis;
- (4) Herniated discs; and
- (5) Spinal stenosis.

e. When a radicular pain condition is identified by the MEB as falling below retention standards and referred to the PEB, the PEB must evaluate the condition's impact on fitness for duty. The PEB must determine whether the Soldier's radicular pain condition prevents the Soldier from:

- (1) Performing the Soldier's PMOS duties at the Soldier's designated rank/skill level;
- (2) Performing basic Soldier skills (i.e., carrying and firing a weapon, carrying a rucksack, etc.);
- (3) Passing an Army Physical Fitness Test (APFT); and/or
- (4) Deploying individually or with a unit.

f. If the PEB determines that a Soldier is unfit because of the radicular pain condition, the PEB will adopt the percentage rating assigned by the Department of Veterans Affairs (VA).

(1) These ratings are generally based upon physical examinations and diagnostic exams such as electromyogram (EMG) conducted by military or VA medical personnel to confirm a radicular condition.

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<sup>1</sup> Eck, Jason C., DO, MS. "Radiculopathy." <http://www.medicinenet.com/radiculopathy/article.htm> MedicineNet, Inc. , last visited on 18 Sep 14

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(2) Recent examination reports completed by a Soldier's civilian doctor, physical therapist, or chiropractor can be considered, as well as statements from the Soldier's provider regarding pain and whether there is severe limitation on the Soldier's ability to engage in, or complete, basic Soldier skills and/or specific tasks related to their MOS.

(3) Witness statements from the Soldier's chain of command, based on personal observation, of the Soldier's ability or inability to perform specific basic Soldier skills and/or MOS tasks due to radiculopathy can sometimes be used as evidence for the PEB.

g. It is important to understand the difference between radicular pain and radiating or referred pain.

(1) Radicular pain is caused by nerve compromise and will generally follow the distribution of the nerve in the affected body part. Radicular pain is sometimes accompanied by numbness, tingling, weakness, and/or diminished reflexes.

(2) Radiating or referred pain is a phenomenon of pain experienced at a site usually nearby the pain's source (i.e., heart attack pain felt in the shoulder, tooth pain felt in the ear, neck pain felt in the shoulders and arms, or back pain felt throughout the buttocks and thighs). Referred or radiating pain will usually not follow a nerve distribution or be accompanied by numbness, tingling, weakness, or diminished reflexes.

(3) The VA provides ratings for conditions that make a Soldier unfit, as well as all other service-connected, compensable conditions. The Veterans Affairs Schedule for Rating Disabilities (VASRD) is used by the VA in adjudicating disabilities. It is a guide for evaluating the severity of disabilities resulting from all types of diseases and injuries encountered as a result of, or incident to, military service. This degree of severity is expressed as a percentage rating which determines the amount of monthly compensation, if any.

(a) The VA and VASRD view radicular or nerve pain as a separate medical condition often with a separate percentage rating.

(b) The VA will not assign a separate rating for referred or radiating pain from the spine felt in the arms or legs.

3. This Information Paper is provided as a service to Soldiers in the MEB/PEB process and is intended as general information only. A Soldiers' Counsel is available to provide specific legal advice to Soldiers involved in the MEB/PEB process. Contact your local Office of Soldiers' Counsel for more information. If you don't know how to reach your local OSC office please contact you PEBLO or see our website for contact information at <https://www.jagcnet.army.mil/otjagosc>.

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