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INFORMATION PAPER

JALS-OSC
1 December 2023

SUBJECT: Radiculopathy

1. Purpose: To provide information for Soldiers going through the Integrated Disability Evaluation System (IDES) process concerning the diagnosis of radiculopathy.

2. Facts:

a. The Physical Evaluation Board (PEB) determines whether medical conditions identified by the Medical Evaluation Board (MEB) make the Soldier unfit for duty. The PEB's determination of whether a Soldier with radiculopathy is fit for duty is performance-based and highly fact specific. Relevant factors include the whether the diagnosis has been confirmed by testing or imaging studies, severity of radicular pain, and the Soldier's specific restrictions. The PEB will balance those factors against the demands of the Soldier's Military Occupational Specialty (MOS) and common Soldier skills.

b. DODI 1332.18, November 10, 2022, identifies the analysis used by the PEB. In general, a Soldier may be considered unfit when:

(1) The evidence establishes that, due to disability, the Soldier is unable to reasonably perform the duties of their office, grade, rank, or rating, including those during a remaining period of Reserve obligation; or

(2) The evidence establishes that their disability:

(a) Creates a decided medical risk to their health; or

(b) Creates a risk to the welfare or safety of other Soldiers; or

(c) Imposes unreasonable requirements on the military to maintain or protect the Soldier.

c. Radiculopathy refers to a set of conditions due to a compression or irritation of the nerves as they exit the spine. This can be due to a variety of reasons, to include mechanical compression of the nerve by a disc herniation, a bone spur (osteophytes) from osteoarthritis, vertebral fracture or dislocation, spinal stenosis, scoliosis, a tumor, certain infections, or the thickening of surrounding ligaments. Inflammation from trauma (an acute injury) or from degeneration can also lead to radiculopathy through the direct irritation of the nerves. Radiculopathy is more commonly seen in people that engage in

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activities that place excessive or repetitive load on the spine such as those experienced in a heavy labor job or contact sports.¹ Common symptoms include 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 extremities. Lumbar radiculopathy impacts the legs while cervical radiculopathy impacts the arms. It is common for patients to also have localized back or neck pain.

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

(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.²

d. It is important to understand the difference between radicular pain and referred pain. Radicular pain is caused by nerve compression and will generally follow the distribution of the nerve in the affected body part. Radicular pain can be accompanied by numbness, tingling, weakness, and/or diminished reflexes. 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 pain will usually not follow a nerve distribution or be accompanied by numbness, tingling, weakness, or diminished reflexes.³

e. When a radicular pain condition is identified by the MEB, 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 reasonable performance of duties. The PEB considers:

(1) Whether the Soldier can perform the common military tasks required for their

¹ Eck, Jason C., DO, MS. "Radiculopathy." <http://www.medicinenet.com/radiculopathy/article.htm> MedicineNet, Inc., Medically Reviewed July 5, 2023, last visited on October 25, 2023.

² Id.

³ Jin, Qianjun, Department of Orthopedic Surgery, Zhejiang University School of Medicine. "Referred Pain: Characteristics, Possible Mechanisms, and Clinical Management." <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10338069> NIH National Library of Medicine, last visited October 25, 2023.

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office, grade, rank, or rating. Examples include routinely firing a weapon, performing field duty, or wearing load-bearing equipment and protective gear;

(2) Whether the Soldier is medically prohibited from taking the required physical fitness test;⁴ or

(3) Whether the Soldier is deployable individually or as part of a unit, with or without prior notification, to any location specified by the Army.⁵

f. If the PEB determines the radicular pain condition to be unfitting, the PEB will adopt the percentage rating assigned by the Department of Veterans Affairs (VA).⁶

(1) Ratings are based in large part on physical examinations and diagnostic exams, such as electromyogram (EMG) conducted by military or VA medical personnel to confirm a radicular condition.

(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 the extent of any limitations to perform basic Soldier skills and activities.

(3) Witness statements, based on personal observation, of the Soldier's symptoms and inability to perform specific activities can often be extremely helpful evidence for the PEB.

g. The VA provides ratings for all service-connected conditions (*i.e.*, referred and claimed). The Veterans Affairs Schedule for Rating Disabilities (38 C.F.R. Part 4) is used to assign disability ratings. It is basically a list of criteria to define ratings. The rating determines the amount of monthly compensation.

(1) The VASRD lists radicular pain as a separate medical condition, often with a separate percentage rating.

(2) The VA will not assign a separate rating for referred 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

⁴ Note that when a Soldier is found fit for duty by the PEB but cannot take the physical fitness test, the inability to take the fitness test cannot form the basis for an adverse personnel action against the Soldier.

⁵ When deployability is used as a consideration in determining fitness, the standard must be applied uniformly to both the AC and RC components.

⁶ If the Soldier has been allowed to process via the Legacy Disability Evaluation System the PEB will assign the percentage rating using the guidance of 38 C.F.R. Part 4, Schedule for Rating Disabilities.

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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 do not know how to reach your local OSC, please contact you PEBLO or see our website for contact information at <https://www.jagcnet.army.mil/Sites/OSC.nsf>.

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