

VA Notes

Source: VA
Last Updated: 05 Dec 2019 @ 0943
Sorted By: Date/Time (Descending)
VA Notes from January 1, 2013 forward are available 3 calendar days after they have been completed and signed by all required members of your VA health care team. If you have any questions about your information please visit the FAQs or contact your VA health care team.

Date/Time: 05 Nov 2019 @ 1300
Note Title: C&P SPINE
Location: HOUSTON TX VAMC
Signed By: [REDACTED]
Co-signed By: [REDACTED]
Date/Time Signed: 05 Nov 2019 @ 1314

Note

LOCAL TITLE: C&P SPINE
STANDARD TITLE: ORTHOPEDIC SURGERY C & P EXAMINATION CONSULT
DATE OF NOTE: NOV 05, 2019@13:00 ENTRY DATE: NOV 05, 2019@13:14:02
AUTHOR: [REDACTED]
URGENCY: [REDACTED] STATUS: COMPLETED

Back (Thoracolumbar Spine) Conditions
Disability Benefits Questionnaire

Name of patient/Veteran: [REDACTED]

Is this DBQ being completed in conjunction with a VA 21-2507, C&P
Examination
Request?
☒ Yes ☐ No

ACE and Evidence Review

Indicate method used to obtain medical information to complete this document:

☒ In-person examination

Evidence Review

Evidence reviewed (check all that apply):

☒ VA e-folder

1. Diagnosis

No response provided

2. Medical history

a. Describe the history (including onset and course) of the Veteran's thoracolumbar spine (back) condition (brief summary):

CURRENTLY FLEXION SOMETIMES CAUSES SHARP MECHANICAL PAIN. COMES AND GOES.

CHRONIC ACHING PAIN. NO SURGERY. NO RADICULAR SYMPTOMS. MEDICATION
MOTRIN.

VETERAN IS OBEASE.

b. Does the Veteran report flare-ups of the thoracolumbar spine (back)?

☐ Yes ☒ No

c. Does the Veteran report having any functional loss or functional impairment of the thoracolumbar spine (back) (regardless of repetitive use)?

☐ Yes ☒ No

3. Range of motion (ROM) and functional limitation

a. Initial range of motion

☐ All normal

☒ Abnormal or outside of normal range

☐ Unable to test (please explain)

☐ Not indicated (please explain)

Forward Flexion (0 to 90): 0 to 70 degrees

Extension (0 to 30): 0 to 30 degrees

Right Lateral Flexion (0 to 30): 0 to 30 degrees

Left Lateral Flexion (0 to 30): 0 to 30 degrees

Right Lateral Rotation (0 to 30): 0 to 30 degrees

Left Lateral Rotation (0 to 30): 0 to 30 degrees

If ROM is outside of normal range, but is normal for the Veteran (for reasons other than a back condition, such as age, body habitus, neurologic disease), please describe:

ABDOMENAL OBESITY CONTRIBUTES TO FLEXION LIMIT

If abnormal, does the range of motion itself contribute to a functional loss? ☐ Yes (please explain) ☒ No

Description of pain (select best response):

No pain noted on exam

Is there evidence of pain with weight bearing? ☐ Yes ☒ No

Is there objective evidence of localized tenderness or pain on palpation of the joints or associated soft tissue of the thoracolumbar spine (back)?
☐ Yes ☒ No

b. Observed repetitive use

Is the Veteran able to perform repetitive use testing with at least three repetitions? ☒ Yes ☐ No

Is there additional loss of function or range of motion after three repetitions? ☐ Yes ☒ No

c. Repeated use over time

Is the Veteran being examined immediately after repetitive use over time?
☒ Yes ☐ No

Does pain, weakness, fatigability or incoordination significantly limit functional ability with repeated use over a period of time?
☐ Yes ☒ No ☐ Unable to say w/o mere speculation

d. Flare-ups

Not applicable

e. Guarding and muscle spasm

Does the Veteran have guarding or muscle spasm of the thoracolumbar spine (back)? ☐ Yes ☒ No

f. Additional factors contributing to disability

In addition to those addressed above, are there additional contributing factors of disability? Please select all that apply and describe: None

4. Muscle strength testing

a. Rate strength according to the following scale:

0/5 No muscle movement

1/5 Palpable or visible muscle contraction, but no joint movement

2/5 Active movement with gravity eliminated

3/5 Active movement against gravity

4/5 Active movement against some resistance

5/5 Normal strength

Hip flexion:

Right: ☒ 5/5 ☐ 4/5 ☐ 3/5 ☐ 2/5 ☐ 1/5 ☐ 0/5

Left: ☒ 5/5 ☐ 4/5 ☐ 3/5 ☐ 2/5 ☐ 1/5 ☐ 0/5

Knee extension:

Right: ☒ 5/5 ☐ 4/5 ☐ 3/5 ☐ 2/5 ☐ 1/5 ☐ 0/5

Left: ☒ 5/5 ☐ 4/5 ☐ 3/5 ☐ 2/5 ☐ 1/5 ☐ 0/5

Ankle plantar flexion:

Right: ☒ 5/5 ☐ 4/5 ☐ 3/5 ☐ 2/5 ☐ 1/5 ☐ 0/5

Left: ☒ 5/5 ☐ 4/5 ☐ 3/5 ☐ 2/5 ☐ 1/5 ☐ 0/5

Ankle dorsiflexion:

Right: ☒ 5/5 ☐ 4/5 ☐ 3/5 ☐ 2/5 ☐ 1/5 ☐ 0/5

Left: ☒ 5/5 ☐ 4/5 ☐ 3/5 ☐ 2/5 ☐ 1/5 ☐ 0/5

Great toe extension:

Right: ☒ 5/5 ☐ 4/5 ☐ 3/5 ☐ 2/5 ☐ 1/5 ☐ 0/5

Left: ☒ 5/5 ☐ 4/5 ☐ 3/5 ☐ 2/5 ☐ 1/5 ☐ 0/5

b. Does the Veteran have muscle atrophy?

☐ Yes ☒ No

5. Reflex exam

Rate deep tendon reflexes (DTRs) according to the following scale:

0 Absent

1+ Hypoactive

2+ Normal

3+ Hyperactive without clonus

4+ Hyperactive with clonus

Knee:

Right: ☐ 0 ☐ 1+ ☒ 2+ ☐ 3+ ☐ 4+

Left: ☐ 0 ☐ 1+ ☒ 2+ ☐ 3+ ☐ 4+

Ankle:

Right: ☐ 0 ☐ 1+ ☒ 2+ ☐ 3+ ☐ 4+

Left: ☐ 0 ☐ 1+ ☒ 2+ ☐ 3+ ☐ 4+

6. Sensory exam

Provide results for sensation to light touch (dermatome) testing:

Upper anterior thigh (L2):

Right: ☒ Normal ☐ Decreased ☐ Absent

Left: ☒ Normal ☐ Decreased ☐ Absent

Thigh/knee (L3/4):

Right: ☒ Normal ☐ Decreased ☐ Absent

Left: ☒ Normal ☐ Decreased ☐ Absent

Lower leg/ankle (L4/L5/S1):

Right: ☒ Normal ☐ Decreased ☐ Absent

Left: ☒ Normal ☐ Decreased ☐ Absent

Foot/toes (L5):

Right: ☒ Normal ☐ Decreased ☐ Absent

Left: ☒ Normal ☐ Decreased ☐ Absent

7. Straight leg raising test

Provide straight leg raising test results:

Right: ☒ Negative ☐ Positive ☐ Unable to perform

Left: ☒ Negative ☐ Positive ☐ Unable to perform

8. Radiculopathy

Does the Veteran have radicular pain or any other signs or symptoms due to radiculopathy?

☐ Yes ☒ No

9. Ankylosis

Is there ankylosis of the spine? ☐ Yes ☒ No

10. Other neurologic abnormalities

Does the Veteran have any other neurologic abnormalities or findings related to a thoracolumbar spine (back) condition (such as bowel or bladder problems/pathologic reflexes)?

☐ Yes ☒ No

11. Intervertebral disc syndrome (IVDS) and episodes requiring bed rest

a

Does the Veteran have IVDS of the thoracolumbar spine?

☐ Yes ☒ No

12. Assistive devices

a. Does the Veteran use any assistive device(s) as a normal mode of locomotion, although occasional locomotion by other methods may be possible?

☐ Yes ☒ No

b. If the Veteran uses any assistive devices, specify the condition and identify the assistive device used for each condition:

No response provided.

13. Remaining effective function of the extremities

Due to a thoracolumbar spine (back) condition, is there functional impairment of an extremity such that no effective function remains other than that

which

would be equally well served by an amputation with prosthesis? (Functions of the upper extremity include grasping, manipulation, etc.; functions of the lower extremity include balance and propulsion, etc.)

☒ No

14. Other pertinent physical findings, complications, conditions, signs, symptoms and scars

a. Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms related to any conditions listed in the Diagnosis Section above?

☐ Yes ☒ No

b. Does the Veteran have any scars (surgical or otherwise) related to any conditions or to the treatment of any conditions listed in the Diagnosis Section above?

☐ Yes ☒ No

c. Comments, if any:

No response provided

15. Diagnostic testing

a. Have imaging studies of the thoracolumbar spine been performed and are the results available?

☐ Yes ☒ No

b. Does the Veteran have a thoracic vertebral fracture with loss of 50 percent or more of height?

☐ Yes ☒ No

c. Are there any other significant diagnostic test findings and/or results?

☐ Yes ☒ No

16. Functional impact

Does the Veteran's thoracolumbar spine (back) condition impact on his or her ability to work?

☐ Yes ☒ No

17. Remarks, if any:

THIS EXAMINATION AND OR MEDICAL OPINION DOES NOT CONSTITUTE A RATING DECISION. RATING DECISIONS ARE MADE SOLELY BY THE REGIONAL OFFICE AFTER ALL

AVAILABLE DATA HAS BEEN REVIEWED AND VERIFIED. ANY QUESTIONS OR CONCERNS REGARDING RATING SHOULD BE DIRECTED TO THE REGIONAL OFFICE OR AN APPEALS BOARD AND NOT THE LOCAL EXAMINER.

THE VETERAN SHOULD UNDERSTAND THAT THE DECISION TO SERVICE CONNECT OR NOT

SERVICE CONNECT A CONDITION CLAIMED BY THE VETERAN IS THE SOLE RESPONSIBILITY

OF THE VBA AND NOT THE PROVIDER. THE LEVEL OF DISABILITY, IF ANY IS AWARDED

(THE PERCENTAGE) ASSIGNED TO THE VETERAN WAS MADE AT THE REGIONAL OFFICE AND

NOT BY THE PROVIDER.

PLEASE NOTE THAT THE VETERAN READ THE ABOVE STATEMENTS IN MY PRESCENCE AND INDICATES HE UNDERSTANDS WHAT THEY MEAN.

PLEASE NOTE THAT I WENT OVER THE EXAM WITH THE VETREAN AND HE HAS NOTHING TO ADD OR TAKE AWAY.

PLEASE NOTE THAT I ASKED THE VETERAN IF HE FELT THE EXAM WAS SATISFACTORY AND

HE RESPONDED IN THE AFFRIMITIVE.

Additional exam request information:

For any joint condition, examiners should test the contralateral joint, unless medically contraindicated, and the examiner should address pain on both passive and active motion, and on both weightbearing and non-weightbearing. In addition to the questions on the DBQ, please respond to the following questions:

1. Is there evidence of pain on passive range of motion testing?

(Yes/No/Cannot be performed or is not medically appropriate)

NO

2. Is there evidence of pain when the joint is used in non-weight

bearing? (Yes/No/Cannot be performed or is not medically appropriate)

NO

3. If yes, is the opposing joint undamaged (i.e. no abnormalities)?

YES

(Yes/No)

If yes, conduct range of motion testing for the opposing joint and provide ROM measurements.

SEE EXAM

If no, the examiner is requested to state whether it is medically feasible to test the joint and if not to please state why the examiner cannot test the range of motion of the opposing joint. (Please note: item 3 does not apply to neck and back disabilities.)

Disability Benefits Questionnaire

Name of patient/Veteran: [REDACTED]

ACE and Evidence Review

Indicate method used to obtain medical information to complete this document:

☒ In-person examination

Evidence Review

Evidence reviewed (check all that apply):

☒ VA e-folder (VBMS or Virtual VA)

MEDICAL OPINION SUMMARY

RESTATEMENT OF REQUESTED OPINION:

a. Opinion from general remarks: **CLAIM TYPE: SUPPLEMENTAL
**SPECIAL CONSIDERATIONS: NOT APPLICABLE
**INSUFFICIENT EXAM: NO

ELECTRONIC CLAIMS FOLDER AVAILABLE.
[REDACTED]

Veteran's Contact Information in VBA Systems:

Work Phone: [REDACTED]

Home Phone: [REDACTED]

Email:

Address:
[REDACTED]

Date of claim: 09/22/2019

Days pending: 30

Attention C&P clinical staff - This exam request was scheduled at your location based on the claimant's residing zip code and ERRA instructions.

These remarks were generated using version 4.54 of the Exam Request Builder (ERB_v_4.54).

The Veteran will need to report for the following exam(s) unless the ACE process is utilized. Clinician: If using the ACE process to complete the DBQ, please explain the basis for the decision not to examine the Veteran,

and identify the specific materials reviewed to complete the DBQ. Also if the exam is completed using ACE, please review the Veteran's claims folder and indicate so in the exam report.

DBQ MUSC Back (thoracolumbar spine)

The following contentions need to be examined:

Lumbosacral or Cervical Strain (back condition) is denied.

Active duty service dates:

Branch: Air Force

[REDACTED]

[REDACTED]

DBQ MUSC Back (thoracolumbar spine):

Please review the Veteran's electronic folder in VBMS and state that it was reviewed in your report.

MEDICAL OPINION REQUEST

TYPE OF MEDICAL OPINION REQUESTED: Direct service connection

OPINION: Direct service connection

Does the Veteran have a diagnosis of (a) Lumbosacral or Cervical Strain (back condition) is denied. that is at least as likely as not (50 percent or greater probability) incurred in or caused by (the) complaints of lumbar strain noted in STR's during service?

Rationale must be provided in the appropriate section.

When pain is associated with movement, the examiner must give a statement on whether pain could significantly limit functional ability during flare-ups and repeated use over time in terms of additional loss of range of motion.

Pursuant to the Court's holding in Sharp v. Shulkin, 29 Vet.App. 26 (2017), if a flare-up event is not directly observed during the examination, the examiner is requested to provide an estimate on the frequency, duration, and

severity of decreased range of motion in degrees during flare-ups in the exam report.

If the examiner is unable to provide a statement regarding additional loss of range of motion during flare-ups or repeated use over time without resorting to speculation, he or she must provide a rationale for this statement based on all procurable information to include the veteran's testimony on examination, case specific evidence to include medical treatment records when applicable, and the examiner's medical expertise.

The statement should not be based on an examiner's shortcomings or a general aversion to offering this statement on issues not directly observed.

Please address the "Correia" questions found on this exam request.

Additional remarks for the examiner:

Tab A: copies of STR's-back condition

Tab B: pg. 9-lumbar strain

Additional exam request information:

For any joint condition, examiners should test the contralateral joint, unless medically contraindicated, and the examiner should address pain on both passive and active motion, and on both weightbearing and non-weightbearing. In addition to the questions on the DBQ, please respond to the following questions:

1. Is there evidence of pain on passive range of motion testing?
(Yes/No/Cannot be performed or is not medically appropriate)
2. Is there evidence of pain when the joint is used in non-weight bearing? (Yes/No/Cannot be performed or is not medically appropriate)
3. If yes, is the opposing joint undamaged (i.e. no abnormalities)?
(Yes/No)

If yes, conduct range of motion testing for the opposing joint and provide ROM measurements.

If no, the examiner is requested to state whether it is medically feasible to test the joint and if not to please state why the examiner cannot test the range of motion of the opposing joint. (Please note: item 3 does not apply to neck and back disabilities.)

Please direct any questions regarding this request to:

Abigail Belovarac
2360 E Pershing Blvd
Cheyenne, WY 82001
Phone number: 307-433-2726
Email: abigail.belovarac@va.gov

b. Indicate type of exam for which opinion has been requested: BACK

TYPE OF MEDICAL OPINION PROVIDED: [MEDICAL OPINION FOR DIRECT SERVICE
CONNECTION]

b. The condition claimed was less likely than not (less than 50%
probability) incurred in or caused by the claimed in-service injury, event
or
illness.

c. Rationale: HE WAS SEEN 1992 FOR UPPER BACK STRAIN. AGAIN IN 1995 FOR
LUMBAR STRAIN. THESE WERE THE ONLY TWO CLINICAL VISITS. CURRENTLY HE HAS
FUNCTIONAL AND MECHANICAL COMPLAINTS THAT ARE INFLUENCED BY OBESITY. NO
RELATIONSHIP TO THE EPISODES IN THE SERVICE.

/es/ [REDACTED]
Physician assistant
Signed: 11/05/2019 13:14