

AMA SMALL GROUP PRACTICAL EXERCISE

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GENERAL INSTRUCTIONS



• We will be covering a hypothetical scenario in which you help a veteran with a claim subject to the AMA

• First steps:

- Split into small groups for discussion
- Designate one person per group who will share your group's answers



HYPO

INCREASED RATING AND SECONDARY SERVICE CONNECTION

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MEETING WITH CLIENT



- Randy Army Veteran, existing client
- Considering filing an increased rating claim for his SC lumbar strain, one of three SC disabilities (the others are tinnitus – 10%, and hearing loss – 10%)
 - Low back disability (DC 5237) is rated10% disabling under the General Rating Formula for Diseases and Injuries of the Spine, effective 1/15/2015
 - Back symptoms have gotten worse in last few years

MEETING WITH CLIENT



- He filed a claim for an increased rating of his back disability in 2019, which was denied in 2020, and he did not seek review of or appeal the denial
- Randy is nervous that VA might decrease his rating—and hence, his overall combined rating (which is currently 30%)—if he applies for an increase
 - "Should I just leave well enough alone?"
 - He receives additional compensation for his dependents (wife and two school-age children), so he doesn't want his benefits reduced

SMALL GROUP BREAKOUT



• Is Randy protected from a rating reduction?

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- Randy's rating of 10% for his lumbar strain has been in effect for more than 5 years, but less than 20 years
 - It is stabilized under 38 C.F.R. § 3.344, but can be reduced
- In order to reduce:
 - All evidence must show "sustained improvement" in the disability
 - Improvement must be able to be maintained while Vet is working or actively seeking work; under the ordinary conditions of life
 - Any exam upon which reduction is based cannot be less thorough than the exam used to grant the rating



- Randy decides he wants to move forward with filing a claim for an increased rating
- You ask him more about his symptoms
 - He has some difficulty on the job he drives a truck and needs to stop frequently to stretch, due to back stiffness
 - He has flare-ups every few days, particularly after heavy lifting
 - He experiences radiating pain and numbress into his left leg, but no loss of strength or muscle atrophy
 - He mostly takes Tylenol, which helps "take the edge off" his pain and allows him to work



- Randy's symptoms (cont'd)
 - He admits that his back pain is "getting him down," since he used to be very active, and this has affected his family life. He began seeing a therapist for this.
 - He has been self-medicating with alcohol at home, which has not helped his depressed mood



• You ask about his work

- He drives a truck for a local provision company, a job he has held for 10 years
- He delivers to restaurants and taverns, and his work involves lifting and hauling
- He has to ask the kitchen staff for assistance with heavy loads
 - His employer has written him up twice for late deliveries and his customers have complained to his company that they have to help Randy lift heavy items



- You ask about his life at home
 - He has difficulty performing yard work due to flare-ups
 - His neighbors have complained because of the unkempt lawn and excessive weeds
 - This has caused some tension in the household
 - When he has flare-ups of back pain, he has difficulty helping with other housework



Life at home (cont'd)

- Because of his back pain, Randy has had to cut back on recreational activities, like hiking/camping and coaching his daughter's soccer team
- He feels depressed and rarely goes out except to work
 - He is constantly watching television and drinks 5-6 cans of beer each night

SMALL GROUP BREAKOUT



- What form should Randy use to apply for an increased rating?
- Should Randy apply for any other benefits?
- What evidence will you advise Randy to obtain?
- How can you preserve Randy's effective date while he is gathering evidence?



- An increased rating claim should be filed on VA Form 21-526EZ
 - An increased rating claim is a type of initial claim; it is not a supplemental claim, even if a claim for an increased rating has been denied in the past
- Explore filing claims for SC for (1) depression and (2) LLE radiculopathy, both as secondary to the back disability
 - LLE radiculopathy should be considered to be within the scope of the IR claim as a complication of the back disability, even if not expressly claimed. But it is better to list the condition on the claim form to ensure VA addresses it.
 - 38 C.F.R. 3.155(d)(2); General Rating Formula for Diseases and Injuries of the Spine, Note (1)



- Advise him to gather:
 - Lay statements from him and his wife
 - VA treatment records either get a copy himself or request VBA obtain the records under the duty to assist
 - Personnel records from work
 - If possible, a medical opinion providing diagnoses of a mental condition and LLE radiculopathy, and linking them to his back disability
- To preserve effective date, submit an ITF
 - He must submit the complete claim within I year



- On 6/1/2024, you file a VA Form 21-526EZ with supporting evidence for Randy
 - He seeks an increased rating for his low back disability, to include LLE radiculopathy
 - In the same application, he also seeks SC for depression, as secondary to chronic pain from his low back disability
- VA continues to develop evidence under duty to assist
 - Provides a C&P exam
 - Obtains copies of medical records



• While waiting for a decision, you check the medical records and C&P exam

• VA records:

- PT records show that Randy's trunk range of motion was limited to 50% of normal. He also had some radiating pain and numbness going into the left lower leg.
- He reported flare-ups of low back pain 1-2 times per week, which was alleviated by Tylenol, Flexeril (when he's not working, since it causes drowsiness), and a heating pad
- His treating psychiatrist diagnosed him with depression. There was no suicidal or homicidal ideation reported, but some "passive suicidal thoughts" in the past.



• C&P exam (orthopedic):

- VA examiner noted that ROM was abnormal, with forward flexion from 0 to 80 degrees, and that pain was noted on examination but it did not result in/cause functional loss
- When asked about flare-ups, the examiner indicated that the exam was not conducted during a flare-up, but when asked to provide an estimate of functional loss due to flare-ups, she stated that she "could not provide an opinion without resort to mere speculation"
- The examiner noted some mild numbress and tingling in the left lower extremity, finding some mild sensory deficit on neurological testing, with no other symptoms



- C&P exam (orthopedic):
 - Earlier in the exam, the VA examiner noted that Randy used Flexeril, as well as Tylenol, along with heat, to alleviate the pain
 - Randy noted that he took Tylenol every day, because if he did not take it daily, he "wouldn't be able to make his shift later on that day"



• C&P exam (psychiatric):

- Examiner diagnosed depression, opining that it is "as least as likely as not" that depression is related to his chronic low back pain
- As for severity, the examiner noted that Randy has "occupational and social impairment with reduced reliability and productivity" (which corresponds to 50% rating)
- VA examiner found he had some symptoms listed in the 70% rating criteria, including "impaired impulse control," "difficulty in adapting to stressful circumstances (including work or a work-like setting)," and "fleeting suicidal ideation," but Randy stressed "he would never act on it"



- The recent VA exams lead you to ask Randy more about his work performance
- You ask if he has any accommodations. He tells you:
 - He has recently been allowed some extra breaks during the day
 - He has a younger "helper" with him to assist with deliveries
 - Starting in October 2024, he will be starting a modified work schedule, working only about 20 hours per week, with ability to flex hours when he needs to go to medical appointments
 - His boss told him that if he wasn't a fellow Veteran, he would have fired him months ago

SMALL GROUP BREAKOUT



- Based on this info, should Randy apply for TDIU?
- If so, what argument would you make?
- What form(s) should you submit?



- He could apply for TDIU and argue he is employed in a protected environment
 - Marginal employment may ... be held to exist, on a facts found basis (includes but is not limited to employment in a protected environment such as a family business or sheltered workshop), when earned income exceeds the poverty threshold.
 - 38 C.F.R. § 4.16(a); Arline v. McDonough, 34 Vet. App. 238 (2021)

• Use VA Forms 21-526EZ and 21-8940



- However, the Court has found that income can be categorically too high to qualify as a "protected environment."
 - Labruzza v. McDonough, 37 Vet. App. 111 (2024)
 - CAVC found Vet's annual income of \$198,147 in 2017 was categorically too high, but it was unclear what he earned in other years
 - You would want to see what Randy earned during the year, and whether he had reductions in income (e.g., modified work schedule resulting in 20 hours/week, periods of Leave Without Pay)
 - If income reduced below the poverty threshold, that would help show marginal employment, even if not "protected"

CHOOSING AMA LANE



- You help Randy file a claim for TDIU on 10/15/2024
 - You submit a lay statement and letter of support from his supervisor
- RO issues a rating decision on 12/16/2024, which
 - Continues the low back disability rating at 10%
 - Grants SC for left lower extremity radiculopathy, with a 10% rating
 - Grants SC for depression and assigns a 50% rating
 - Denies TDIU. He now has a combined 70% rating effective 6/1/2024 (his previous combined rating was 30%)

CHOOSING AMA LANE



RO rating decision (cont'd)

- For low back, RO relies on VA examiner's finding that Randy has flexion from 0-80 degrees, therefore does not have ROM greater than 30 degrees but not greater than 60 degrees.
- VA assigns a 10% rating for "mild incomplete paralysis" of the sciatic nerve, on the left, under DC 8520
- For depression, VA finds that Randy has "occupational and social impairment with reduced reliability and productivity"
- Finds Randy doesn't meet criteria for TDIU and work isn't in protected environment

SMALL GROUP BREAKOUT



- Would you recommend that Randy seek review of / appeal the rating decision?
- If so, which issues would you include in the appeal/review request?



- You should recommend that Randy seek review of the RO's:
 - Denial of a rating higher than 10% for the back disability
 - Denial of a rating higher than 50% for depression
 - Denial of TDIU
- The rating assigned for LLE radiculopathy appears correct based on the current evidence of record

SMALL GROUP BREAKOUT



 Presuming Randy does not have additional evidence to submit, which decision review option would you recommend for Randy for each issue and why?



- Randy's best option for all three claims will likely be to request Higher-Level Review
 - More experienced adjudicator will look at the case
 - You can submit written argument and/or present argument at informal conference
 - Will get a quick decision



• Drawbacks of the other options:

- Supplemental Claim

 Randy does not have new evidence to submit for any of the claims, but if he did, this might be the better option for the claim(s)

BVA Hearing and Evidence Lanes

- Randy does not have any new evidence to submit
- Longer wait than HLR

- BVA Direct Review

- Longer wait than HLR
- You can continue appeal to BVA if HLR continues denials

WRITING AN ARGUMENT



- Randy agrees to submit a Higher-Level Review request with respect to the back disability rating, depression rating, and TDIU
- You decide to submit written argument to support his appeal

SMALL GROUP BREAKOUT



• What arguments could you make in support of Randy's claim for an increased low back disability rating?



- You should argue that VA provided violated its duty to assist, because the VA exam was inadequate – the examiner failed to adequately address functional loss due to flare-ups
 - See DeLuca v. Brown, 8 Vet. App. 202 (1995); Mitchell v. Shinseki, 25
 Vet. App. 32 (2011)
- "Cannot render an opinion without resort to mere speculation" is not sufficient rationale for failing to provide an estimate of ROM loss during flare-ups
 - See Jones v. Shinseki, 23 Vet. App. 382 (2010); Sharp v. Shulkin, 29
 Vet. App. 26 (2017)



- Additionally, when assigning the back disability rating, the VA adjudicator erred by failing to discount the ameliorative effects of medication e.g., the favorable effects of Flexeril and Tylenol
 - In other words,VA should have assigned the rating based on the severity of the symptoms if Randy was not on medication. To do so, it should have sought a clarifying opinion from the VA examiner, since the medical evidence of record doesn't appear to address the relevant symptoms when the Vet is unmedicated.
 - See Jones v. Shinseki, 26 Vet. App. 56 (2012); McCarroll v. McDonald, 28 Vet. App. 267 (2016)

SMALL GROUP BREAKOUT



- What arguments can you make that VA should increase his depression rating to 70%?
 - Can you think of any CAVC cases that could support the above claims?
- Should you argue that a 100% rating is warranted under the Schedule for Rating Mental Disorders?


- You should argue that he meets the criteria for a 70% rating for depression
 - "[O]ccupational and social impairment, with deficiencies in most areas, such as work, school, family relations, judgment, thinking, or mood"
 - List specific treatment notes and lay evidence in the record to give examples of impairment in each area
 - Highlight his symptoms that are listed in 70% rating criteria
- Argue that Randy's suicidal ideation entitles him to a 70 percent rating, even though it was "passive" and he was judged to be low risk
 - Bankhead v. Shulkin, 29 Vet. App. 10 (2017)



- Probably not worth arguing for 100% rating for depression
 - Vet's work, even if considered to be in a protected environment, demonstrates that he does not have "total occupational impairment"
 - Vet does not have symptoms listed as examples in 100% rating criteria
 - Might lose credibility with adjudicator by making argument

CHOOSING AN AMA LANE



- HLR decision grants 70% rating for depression, effective 6/1/2024, but continues to deny TDIU
- HLR decision finds a duty to assist error in the low back evaluation, and returns the issue to the RO for another exam
- After providing Randy with another VA ortho exam that properly addresses functional loss and ameliorative effects of medication, the RO issues a rating decision increasing his low back disability rating to 30%, effective 6/1/2024
 - His combined rating is now 90%

CHOOSING AN AMA LANE



- Randy is happy with the 30% rating for his low back, and also believes that the 70% rating for his depression is fair
- However, now with a 90% combined rating, he wants to appeal the denial of TDIU

SMALL GROUP BREAKOUT



• What appeal option would you recommend to Randy and why?

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- Randy's best option is likely BVA Direct Review
 - Evidence of record is strong, so Direct Review lane allows a quick review at BVA
 - For a complicated issue like protected work environment, he will probably have a better chance at BVA than the RO
 - A grant will likely depend on a persuasive legal argument, rather than the submission of new evidence, but...



- <u>Exception</u> if Randy obtains additional evidence, such as buddy statements from coworkers or a favorable opinion from a vocational expert
 - BVA evidence lane would be a good option
 - Supplemental claim a possibility, but since protected employment is such a complicated issue, unless the new evidence is *extremely* strong, BVA appeal is probably the better option

NEW EVIDENCE



- Randy chooses the BVA Direct Review lane and you submit an argument explaining why BVA should find that the Vet is employed in a protected environment
- However, his depression and low back symptoms increase even more while the TDIU appeal is pending at BVA
 - Randy loses his job following a dispute with a coworker on New Year's Eve – December 31, 2024
 - The job loss is a huge setback, and he soon moves out of the house and is isolated from his family and friends
 - It appears that these new symptoms would warrant a 100% schedular rating due to total occupational and social impairment

SMALL GROUP BREAKOUT



- Can the Board consider the new evidence of Randy's condition worsening?
- What should Randy do to try to maximize his VA benefits?



• BVA cannot consider new evidence

- On Direct Review, BVA is limited to reviewing evidence of record at the time of the rating decision on appeal
- New evidence also doesn't relate to the issue on appeal whether TDIU was warranted <u>as of the date of the rating</u> <u>decision on appeal</u>—so no reason to switch lanes
- Randy should file a VA Form 21-526EZ seeking both an increased rating for his depression and low back disability, and TDIU, along with a new VA Form 21-8940, w/in one year of increased symptoms
 - If 100% rating for depression granted, *new* TDIU claim will be moot (but not TDIU appeal pending before BVA)

RESOLUTION



- Randy submits new VA Forms 21-526 EZ and 21-8940 in March 2025, along with medical records and a lay statement about his symptoms worsening over the fall, and evidence of his job loss
 - RO orders a VA exam

 Rating decision grants 100% schedular rating for depression with an effective date of December 31, 2024 (the date worsening is factually ascertainable in the record – the work dispute that led to his job loss)

RESOLUTION



• BVA issues a decision granting TDIU effective 6/1/2024, based on date of the low back IR claim and depression SC claim and evidence of employment in a protected environment during the pendency of that claim



Questions?

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