

ACTIVE DUTY			
EOD	RAD	BRANCH	CHARACTER OF DISCHARGE
03/06/1974	04/15/1974	Army	Honorable
04/26/1974	02/07/1976	Navy	Honorable
09/10/1976	08/23/1977	Navy	Under Honorable Conditions

LEGACY CODES			
ADD'L SVC CODE	COMBAT CODE	SPECIAL PROV CDE	FUTURE EXAM DATE
2	1		None

JURISDICTION: New Claim Received 11/29/2022

ASSOCIATED CLAIM(s): 020; New/Increase; 11/29/2022

SUBJECT TO COMPENSATION (1.SC)

5237 LUMBOSACRAL STRAIN
Service Connected, Vietnam Era, Incurred
Static Disability
40% from 11/29/2022

5237 CERVICAL STRAIN ASSOCIATED WITH LUMBOSACRAL STRAIN
Service Connected, Vietnam Era, Secondary
Static Disability
30% from 11/29/2022

8100 HEADACHES ASSOCIATED WITH CERVICAL STRAIN
Service Connected, Vietnam Era, Secondary
Static Disability
30% from 11/29/2022

5206 LEFT FOREARM LIMITED FLEXION
Service Connected, Vietnam Era, Incurred
Static Disability
20% from 11/29/2022

5213 LEFT FOREARM LIMITED ROTATION
Service Connected, Vietnam Era, Incurred

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Static Disability
20% from 11/29/2022

6260

TINNITUS
Service Connected, Vietnam Era, Incurred
Static Disability
10% from 11/29/2022

COMBINED EVALUATION FOR COMPENSATION :

80% from 11/29/2022

NOT SERVICE CONNECTED/NOT SUBJECT TO COMPENSATION (8.NSCPeacetime)

6204

VERTIGO
Not Service Connected, No Diagnosis

7913

IRRITABLE BOWEL SYNDROME
Not Service Connected, No Diagnosis

8599-8510

LEFT ARM RADICULOPATHY ASSOCIATED WITH CERVICAL STRAIN
Not Service Connected, No Diagnosis

8599-8510

RIGHT ARM RADICULOPATHY ASSOCIATED WITH CERVICAL STRAIN
Not Service Connected, No Diagnosis

8599-8520

RIGHT LEG RADICULOPATHY ASSOCIATED WITH LUMBOSACRAL STRAIN
Not Service Connected, No Diagnosis

8599-8520

LEFT LEG RADICULOPATHY ASSOCIATED WITH LUMBOSACRAL STRAIN
Not Service Connected, No Diagnosis

9411

POSTTRAUMATIC STRESS DISORDER [PTSD - Personal Trauma/Sexual
Trauma/Assault] [PTSD - Non-Combat/Stressful Event]
Not Service Connected, Peacetime, No Diagnosis

Original Date of Denial: 08/30/2021

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9440 ADJUSTMENT DISORDER WITH ANXIETY
Not Service Connected, Peacetime, Not Incurred/Caused by Service

Original Date of Denial: 08/30/2021

DEFERRED ISSUES - VETERAN

5206 RIGHT ELBOW, SECONDARY TO LEFT ELBOW
Deferred
Static Disability

5271 RIGHT ANKLE CONDITION
Deferred
Static Disability

5271 LEFT ANKLE CONDITION
Deferred
Static Disability

6512 SINUSITIS
Deferred
Static Disability

eSign: certified by VBASTLPetroA, RVSR





**DEPARTMENT OF VETERANS AFFAIRS
St. Louis Regional Office**

**Represented By:
ANDREW J MCKEOWN
Rating Decision
05/02/2023**

INTRODUCTION

The records reflect that you are a Veteran of the Peacetime and Vietnam Era. You served in the Army from March 6, 1974 to April 15, 1974 and the Navy from April 26, 1974 to February 7, 1976 and from September 10, 1976 to August 23, 1977. You filed a new claim for benefits that was received on November 29, 2022. Based on a review of the evidence listed below, we have made the following decision(s) on your claim.

DECISION

1. Service connection for lumbosacral strain is granted with an evaluation of 40 percent effective November 29, 2022.
2. Service connection for cervical strain is granted with an evaluation of 30 percent effective November 29, 2022.
3. Service connection for headaches is granted with an evaluation of 30 percent effective November 29, 2022.



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4. Service connection for left forearm limited flexion is granted with an evaluation of 20 percent effective November 29, 2022.
5. Service connection for left forearm limited rotation (claimed as left forearm condition) is granted with an evaluation of 20 percent effective November 29, 2022.
6. Service connection for tinnitus is granted with an evaluation of 10 percent effective November 29, 2022.
7. Service connection for irritable bowel syndrome is denied.
8. Service connection for left arm radiculopathy is denied.
9. Service connection for left leg radiculopathy is denied.
10. Service connection for right arm radiculopathy is denied.
11. Service connection for right leg radiculopathy is denied.
12. Service connection for vertigo is denied.
13. A decision on entitlement to compensation for left ankle condition is deferred.
14. A decision on entitlement to compensation for right ankle condition is deferred.
15. A decision on entitlement to compensation for right elbow, secondary to left elbow is deferred.
16. A decision on entitlement to compensation for sinusitis is deferred.

EVIDENCE

- Service Personnel Records, Multiple Entries, the records associated with the periods of service from 04/1974 to 08/1977
- Service Treatment Records, Multiple Entries, the records associated with the periods of service from 04/1974 to 08/1977
- VA Form 21-0966, Intent To File A Claim For Compensation and/or Pension, or Survivors Pension and/or DIC, associated with Supplemental Claim, received June 2, 2022
- VA Form 20-0995, Decision Review Request - Supplemental Claims, received August 16, 2022
- VA Form 21-526 EZ: Application for Disability Compensation and Related Compensation Benefits (no intent to file), received November 29, 2022
- VA Form 27-0820, Report of General Information, attached to application, received

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November 29, 2022

- Disability Benefit Questionnaire and Medical Opinion, Tinnitus, QTC, received December 14, 2022
- Disability Benefit Questionnaire and Medical Opinion, Headaches, QTC, received December 21, 2022
- Disability Benefit Questionnaire and Medical Opinion, EENT/Sinusitis, QTC, received December 21, 2022
- Disability Benefit Questionnaire and Medical Opinion, EENT/Ear Conditions, QTC, received December 21, 2022
- Disability Benefit Questionnaire and Medical Opinion, Cervical Spine, QTC, received December 21, 2022
- Disability Benefit Questionnaire and Medical Opinion, Thoracolumbar Spine, QTC, received December 21, 2022
- Disability Benefit Questionnaire and Medical Opinion, Elbow and Forearm, QTC, received December 21, 2022
- Veteran Submitted Evidence, Association between Navy/USCG to Herbicides, received December 28, 2022
- Veteran Submitted Evidence, Multiple Entries, Naval Ship Records, received December 28, 2022
- VA Letter Concerning Your Claim, conducted December 29, 2022
- ILER Report, Toxic Exposure, DoD, conducted March 8, 2023
- Section (§) 5103 Notice, conducted March 15, 2023
- No Pertinent VA Healthcare Records from the VAMC Available, conducted May 2, 2023

REASONS FOR DECISION

1. Service connection for lumbosacral strain.

Service connection for lumbosacral strain (claimed as low back condition) has been established as directly related to military service. (38 CFR 3.303, 38 CFR 3.304)

The effective date of this grant is November 29, 2022. Service connection has been established from the day VA received your claim. When a claim of service connection is received more than one year after discharge from active duty, the effective date is the date VA received the claim. (38 CFR 3.400)

An evaluation of 40 percent is assigned from November 29, 2022.

We have assigned a 40 percent evaluation for your low back condition based on:

- Forward flexion of the thoracolumbar spine 30 degrees or less

Additional symptom(s) include:

- Combined range of motion of the thoracolumbar spine not greater than 120 degrees
- Painful motion



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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 diseases and injuries of the thoracolumbar spine unless the evidence shows:

- Unfavorable ankylosis of the entire thoracolumbar spine. (38 CFR 4.71a)

2. Service connection for cervical strain as secondary to the service-connected disability of lumbosacral strain.

Service connection for cervical strain (claimed as neck condition) has been established as related to the service-connected disability of lumbosacral strain. (38 CFR 3.303, 38 CFR 3.310)

The effective date of this grant is November 29, 2022. Service connection has been established from the day VA received your claim. When a claim of service connection is received more than one year after discharge from active duty, the effective date is the date VA received the claim. (38 CFR 3.400)

An evaluation of 30 percent is assigned from November 29, 2022.

We have assigned a 30 percent evaluation for your neck condition (secondary to back 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
- Objective evidence of flare-ups
- Painful motion

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 diseases and injuries of the cervical spine unless the evidence shows:

- Unfavorable ankylosis of the entire cervical spine. (38 CFR 4.71a)

3. Service connection for headaches as secondary to the service-connected disability of cervical strain.

Service connection for headaches has been established as related to the service-connected

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disability of cervical strain. (38 CFR 3.303, 38 CFR 3.310)

The effective date of this grant is November 29, 2022. Service connection has been established from the day VA received your claim. When a claim of service connection is received more than one year after discharge from active duty, the effective date is the date VA received the claim. (38 CFR 3.400)

An evaluation of 30 percent is assigned from November 29, 2022.

We have assigned a 30 percent evaluation for your headaches (secondary to neck) 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 migraines unless the evidence shows:

- Very frequent completely prostrating and prolonged attacks productive of severe economic inadaptability. (38 CFR 4.120, 38 CFR 4.124a)

4. Service connection for left forearm limited flexion.

Service connection for left forearm limited flexion (claimed as left elbow condition) has been established as directly related to military service. (38 CFR 3.303, 38 CFR 3.304)

The effective date of this grant is November 29, 2022. Service connection has been established from the day VA received your claim. When a claim of service connection is received more than one year after discharge from active duty, the effective date is the date VA received the claim. (38 CFR 3.400)

An evaluation of 20 percent is assigned from November 29, 2022.

We have assigned a 20 percent evaluation for your left elbow condition based on:

- Flexion is limited to 56-90 degrees

Additional symptom(s) include:

- Limitation of pronation: motion lost beyond middle of arc
- Limitation of supination to 30 degrees or less
- Painful motion of the elbow
- Painful motion of the forearm

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 30 percent is not warranted for limitation of flexion of the forearm unless the evidence shows:



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- Flexion is limited to 46-55 degrees. (38 CFR 4.69, 38 CFR 4.71a)

5. Service connection for left forearm limited rotation (claimed as left forearm condition).

Service connection for left forearm limited rotation (claimed as left forearm condition) has been established as directly related to military service. (38 CFR 3.303, 38 CFR 3.304)

The effective date of this grant is November 29, 2022. Service connection has been established from the day VA received your claim. When a claim of service connection is received more than one year after discharge from active duty, the effective date is the date VA received the claim. (38 CFR 3.400)

An evaluation of 20 percent is assigned from November 29, 2022.

We have assigned a 20 percent evaluation for your left elbow condition based on:

- Limitation of pronation: motion lost beyond middle of arc

Additional symptom(s) include:

- Limitation of supination to 30 degrees or less
- Painful motion of the elbow
- Painful motion of the forearm

A higher evaluation of 30 percent is not warranted for impairment of supination and pronation unless the evidence shows:

- The hand fixed in hyperpronation; or,
- The hand fixed in supination. (38 CFR 4.69, 38 CFR 4.71a)

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.

6. Service connection for tinnitus.

Service connection for tinnitus has been established as directly related to military service. (38 CFR 3.303, 38 CFR 3.304)

The effective date of this grant is November 29, 2022. Service connection has been established from the day VA received your claim. When a claim of service connection is received more than one year after discharge from active duty, the effective date is the date VA received the claim. (38 CFR 3.400)



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An evaluation of 10 percent is assigned from November 29, 2022.

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

- Recurrent

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. (38 CFR 4.87)

7. Service connection for irritable bowel syndrome.

Service connection may be granted for a disability which began in military service or was caused by some event or experience in service. Service connection for irritable bowel syndrome is denied because the medical evidence of record fails to show that this disability has been clinically diagnosed. (38 CFR 3.303, 38 CFR 3.304)

Service connection for irritable bowel syndrome is denied since there is no evidence the claimed condition exists. (38 CFR 3.303, 38 CFR 3.304)

Your service treatment records do not contain complaints, treatment, or diagnosis for this condition. You submitted a lay statement to support your claim. A credible lay statement may establish what was seen, heard, and directly experienced. The lay evidence was found not to be competent and sufficient in this case to establish a diagnosis of your condition or to show that a diagnosis had been made by a medical professional. (38 CFR 4.6) The evidence does not show a current diagnosed disability. (38 CFR 3.159, 38 CFR 3.303)

A direct grant of service connection requires: 1) medical evidence of a current disability, 2) evidence of the incurrence or aggravation of a disease or injury in active military service, and 3) medical evidence of a nexus (link) between the current disability and the in-service disease or injury. (38 CFR 3.303, 38 CFR 3.304)

An examination and/or medical opinion based on toxic exposure risk activity (TERA) was not requested because the evidence shows your claimed disability of irritable bowel syndrome, and the Secretary has determined there is no indication of association between this condition and participation in a TERA. There is also no competent medical or scientific evidence of an association between your claimed disability and in-service TERA. (38 U.S.C. 1168)

8. Service connection for left arm radiculopathy as secondary to the service-connected disability of cervical strain.

Service connection may be granted for a disability which began in military service or was caused by some event or experience in service. Service connection for left arm radiculopathy is denied because the medical evidence of record fails to show that this disability has been clinically diagnosed. (38 CFR 3.303, 38 CFR 3.304)



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Service connection may also be granted for a disease or injury which resulted from a service-connected disability or was aggravated thereby. The evidence does not show that left arm radiculopathy is related to the service-connected condition of cervical strain, nor is there any evidence of this disability during military service. (38 CFR 3.303, 38 CFR 3.304, 38 CFR 3.310)

Service connection for left arm radiculopathy is denied since this condition neither occurred in nor was caused by service. (38 CFR 3.303, 38 CFR 3.304)

An examination and/or medical opinion based on toxic exposure risk activity (TERA) was not requested because the evidence shows your disability is radiculopathy, and the Secretary has determined there is no indication of association between this condition and participation in a TERA. There is also no competent medical or scientific evidence of an association between your claimed disability and in-service TERA. (38 U.S.C. 1168)

A direct grant of service connection requires: 1) medical evidence of a current disability, 2) evidence of the incurrence or aggravation of a disease or injury in active military service, and 3) medical evidence of a nexus (link) between the current disability and the in-service disease or injury. (38 CFR 3.303, 38 CFR 3.304)

Service connection can also be established for a disability which is proximately due to or the result of a service-connected condition if the evidence shows that you have been medically diagnosed with a condition, and there is a relationship between the claimed condition and the service-connected condition. (38 CFR 3.310)

Your service treatment records do not contain complaints, treatment, or diagnosis for this condition. Additionally, the evidence does not show a current diagnosed disability. (38 CFR 3.159, 38 CFR 3.303) The VA examiner noted that after reviewing service treatment records and current exam findings, there is not a diagnosis of radiculopathy of the left arm.

Favorable Findings identified in this decision:

The claimed issue is secondary to a service-connected disability. You are service-connected for your cervical strain.

9. Service connection for left leg radiculopathy as secondary to the service-connected disability of lumbosacral strain.

Service connection may be granted for a disability which began in military service or was caused by some event or experience in service. Service connection for left leg radiculopathy is denied because the medical evidence of record fails to show that this disability has been clinically diagnosed. (38 CFR 3.303, 38 CFR 3.304)

Service connection may also be granted for a disease or injury which resulted from a service-connected disability or was aggravated thereby. The evidence does not show that left leg



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radiculopathy is related to the service-connected condition of cervical strain, nor is there any evidence of this disability during military service. (38 CFR 3.303, 38 CFR 3.304, 38 CFR 3.310)

Service connection for left leg radiculopathy is denied since this condition neither occurred in nor was caused by service. (38 CFR 3.303, 38 CFR 3.304)

An examination and/or medical opinion based on toxic exposure risk activity (TERA) was not requested because the evidence shows your disability is radiculopathy, and the Secretary has determined there is no indication of association between this condition and participation in a TERA. There is also no competent medical or scientific evidence of an association between your claimed disability and in-service TERA. (38 U.S.C. 1168)

A direct grant of service connection requires: 1) medical evidence of a current disability, 2) evidence of the incurrence or aggravation of a disease or injury in active military service, and 3) medical evidence of a nexus (link) between the current disability and the in-service disease or injury. (38 CFR 3.303, 38 CFR 3.304)

Service connection can also be established for a disability which is proximately due to or the result of a service-connected condition if the evidence shows that you have been medically diagnosed with a condition, and there is a relationship between the claimed condition and the service-connected condition. (38 CFR 3.310)

Your service treatment records do not contain complaints, treatment, or diagnosis for this condition. Additionally, the evidence does not show a current diagnosed disability. (38 CFR 3.159, 38 CFR 3.303) The VA examiner noted that after reviewing service treatment records and current exam findings, there is not a diagnosis of radiculopathy of the left leg.

Favorable Findings identified in this decision:

The claimed issue is secondary to a service-connected disability. You are service-connected for your lumbosacral strain.

10. Service connection for right arm radiculopathy as secondary to the service-connected disability of cervical strain.

Service connection may be granted for a disability which began in military service or was caused by some event or experience in service. Service connection for right arm radiculopathy is denied because the medical evidence of record fails to show that this disability has been clinically diagnosed. (38 CFR 3.303, 38 CFR 3.304)

Service connection may also be granted for a disease or injury which resulted from a service-connected disability or was aggravated thereby. The evidence does not show that right arm radiculopathy is related to the service-connected condition of cervical strain, nor is there any evidence of this disability during military service. (38 CFR 3.303, 38 CFR 3.304, 38 CFR 3.310)



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Service connection for right arm radiculopathy is denied since this condition neither occurred in nor was caused by service. (38 CFR 3.303, 38 CFR 3.304)

An examination and/or medical opinion based on toxic exposure risk activity (TERA) was not requested because the evidence shows your disability is radiculopathy, and the Secretary has determined there is no indication of association between this condition and participation in a TERA. There is also no competent medical or scientific evidence of an association between your claimed disability and in-service TERA. (38 U.S.C. 1168)

A direct grant of service connection requires: 1) medical evidence of a current disability, 2) evidence of the incurrence or aggravation of a disease or injury in active military service, and 3) medical evidence of a nexus (link) between the current disability and the in-service disease or injury. (38 CFR 3.303, 38 CFR 3.304)

Service connection can also be established for a disability which is proximately due to or the result of a service-connected condition if the evidence shows that you have been medically diagnosed with a condition, and there is a relationship between the claimed condition and the service-connected condition. (38 CFR 3.310)

Your service treatment records do not contain complaints, treatment, or diagnosis for this condition. Additionally, the evidence does not show a current diagnosed disability. (38 CFR 3.159, 38 CFR 3.303) The VA examiner noted that after reviewing service treatment records and current exam findings, there is not a diagnosis of radiculopathy of the right arm.

Favorable Findings identified in this decision:

The claimed issue is secondary to a service-connected disability. You are service-connected for your cervical strain.

11. Service connection for right leg radiculopathy as secondary to the service-connected disability of lumbosacral strain.

Service connection may be granted for a disability which began in military service or was caused by some event or experience in service. Service connection for right leg radiculopathy is denied because the medical evidence of record fails to show that this disability has been clinically diagnosed. (38 CFR 3.303, 38 CFR 3.304)

Service connection may also be granted for a disease or injury which resulted from a service-connected disability or was aggravated thereby. The evidence does not show that right leg radiculopathy is related to the service-connected condition of lumbosacral strain, nor is there any evidence of this disability during military service. (38 CFR 3.303, 38 CFR 3.304, 38 CFR 3.310)

Service connection for right leg radiculopathy is denied since there is no evidence the claimed condition exists nor caused by service. (38 CFR 3.303, 38 CFR 3.304)



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An examination and/or medical opinion based on toxic exposure risk activity (TERA) was not requested because the evidence shows your disability is radiculopathy, and the Secretary has determined there is no indication of association between this condition and participation in a TERA. There is also no competent medical or scientific evidence of an association between your claimed disability and in-service TERA. (38 U.S.C. 1168)

A direct grant of service connection requires: 1) medical evidence of a current disability, 2) evidence of the incurrence or aggravation of a disease or injury in active military service, and 3) medical evidence of a nexus (link) between the current disability and the in-service disease or injury. (38 CFR 3.303, 38 CFR 3.304)

Service connection can also be established for a disability which is proximately due to or the result of a service-connected condition if the evidence shows that you have been medically diagnosed with a condition, and there is a relationship between the claimed condition and the service-connected condition. (38 CFR 3.310)

Your service treatment records do not contain complaints, treatment, or diagnosis for this condition. Additionally, the evidence does not show a current diagnosed disability. (38 CFR 3.159, 38 CFR 3.303) The VA examiner noted that after reviewing service treatment records and current exam findings, there is not a diagnosis of radiculopathy of the right leg.

Favorable Findings identified in this decision:

The claimed issue is secondary to a service-connected disability. You are service-connected for your lumbosacral strain.

12. Service connection for vertigo.

Service connection may be granted for a disability which began in military service or was caused by some event or experience in service. Service connection for vertigo is denied because the medical evidence of record fails to show that this disability has been clinically diagnosed. (38 CFR 3.303, 38 CFR 3.304)

Service connection for vertigo is denied since this condition neither occurred in nor was caused by service. (38 CFR 3.303, 38 CFR 3.304)

An examination and/or medical opinion based on toxic exposure risk activity (TERA) was not requested because the evidence shows your disability is vertigo, and the Secretary has determined there is no indication of association between this condition and participation in a TERA. There is also no competent medical or scientific evidence of an association between your claimed disability and in-service TERA. (38 U.S.C. 1168)

A direct grant of service connection requires: 1) medical evidence of a current disability, 2) evidence of the incurrence or aggravation of a disease or injury in active military service, and 3) medical evidence of a nexus (link) between the current disability and the in-service disease or



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injury. (38 CFR 3.303, 38 CFR 3.304)

Your service treatment records do not contain complaints, treatment, or diagnosis for this condition. Additionally, the evidence does not show a current diagnosed disability. (38 CFR 3.159, 38 CFR 3.303) The VA examiner noted that after reviewing service treatment records and current exam findings, there is not a diagnosis of vertigo.

13. Compensation for left ankle condition.

The issue of compensation for left ankle condition is deferred for the following information: development

14. Compensation for right ankle condition.

The issue of compensation for right ankle condition is deferred for the following information: development

15. Compensation for right elbow, secondary to left elbow.

The issue of compensation for right elbow, secondary to left elbow is deferred for the following information: development

16. Compensation for sinusitis.

The issue of compensation for sinusitis is deferred for the following information: clarification

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.

