

**DEPARTMENT OF VETERANS AFFAIRS**  
**Cleveland**  
**1240 East Ninth Street**  
**Cleveland OH 44199**

**Michael J. Lake**

**VA File Number**

**[REDACTED]**

**award-1**

**Represented by:**  
**AMERICAN LEGION**

**Rating Decision**  
**June 20,2003**

**INTRODUCTION**

The records reflect that you are a veteran of the Peacetime and Gulf War Era. You served in the Army from March 24, 1988 to November 14, 1990. You filed a claim for increased evaluation that was received on December 13,2002. Based on a review of the evidence listed below, we have made the following decision(s) on your claim.

**DECISION**

- 1 . Evaluation of bipolar disorder (previously rated under DC 9206), which is currently 30 percent disabling, is increased to 50 percent effective December 13,2002.
- 2 . Service connection for lumbosacral strain is denied.

**EVIDENCE**

- Statement in Support of Claim (VA Form 21-4138) received December 13,2002

- VA Examinations, VAMC Brecksville, from January 9, 2003 through January 27, 2003
- VA Outpatient Treatment Records, VAMC Ann Arbor, from December 10, 1998 through May 15, 2003
- Service Medical Records from March 24, 1988 through November 14, 1990
- Medical opinion of the Rating Board Doctor dated June 19, 2003
- VA Treatment Records, VAMC Cleveland, from June 5, 2003 through June 18, 2003

### **REASONS FOR DECISION**

#### **1. Evaluation of bipolar disorder (previously rated under DC 9206) currently evaluated as 30 percent disabling.**

The evaluation of bipolar disorder (previously rated under DC 9206) is increased to 50 percent disabling effective December 13, 2002.

The VA examination noted that you were on time for your appointment, dressed casually and neat. You presented with a slightly agitated demeanor, but showed good eye contact and provided detailed answers to all questions. In fact, you became tangential at times, going into long explanations and detailed anecdotes concerning your "victimization" at the hands of relatives, co-workers, social organizations, and employers. The mental status exam revealed that you were alert, oriented x3, and with good cognitive controls. Speech was pressured and mood was mildly anxious with otherwise blunted affect. There were signs that you were fighting off symptoms of depression, giving you a mild manic compartment that was most probably a result of agitated depression with ruminations about recent experiences at your work. Some slight paranoid ideation was noted; but you denied sensory hallucinations and did not relate any pathological delusions aside from feelings of great distrust of others related to your previous employer and co-workers. You noted that your current medications seemed to be working to level out your mood swings, but that you were still having difficulty with irritability, sleeplessness, and restlessness. While claiming that you sometimes think about suicide, but you do not consider himself a suicidal risk at present time. Intellectual functioning is good, judgment fair, and insight is fair to poor.

The examiner stated that you suffer from Bipolar Disorder and currently at risk for a depressive episode given your current level of stress. You live under a great deal of internal tension and does not have a strong psychological structure to meet difficult environmental demands. Because you want to see yourself as not having a psychiatric disease, you will tend to become depressed when your illness becomes an issue in work or personal relationships. Thus you may swing from excessive engagement with others to chronic suspiciousness that often lapses into full-blown paranoia and social withdrawal. Your fragile psychological functioning places you at risk to easily disintegrate into acute psychiatric impairment. Complicating the rehabilitation process is the fact that you have a

very limited emotional and social support system. It is anticipated that you will need lifelong psychiatric care and an environment of mild level stress to maintain your psychological integrity. The current psychiatric disorder is sufficient to cause clinically significant impairment in social, occupational, and psychological functioning. Your functioning capacities are, at present, limited, and point to fair, but fragile, long-term adjustment, and that with the aid of constant support from professional counselors. You are not a risk for suicide, and no risk for harming others. You appear capable of managing your own financial and personal affairs in your own best interest. The diagnosis provided by the examiner was Bipolar Disorder, Hypomanic/Depressed with a current GAF: 32 (impairments in mood, social interactions, ability to pursue vocation).

The VA treatment records from the VAMC Ann-Arbor shows your bipolar disorder as stable with GAF's ranging from 50 to 65 (with the majority in the range of 55 to 60) during the period of December 10, 1998 through May 15, 2003. More weight is being given to the information received from the VA outpatient treatment records than to the VA examination because the entries in the outpatient treatment records were made by your regular therapist, who is more familiar with your case than the VA examiner who met with you the one time for the examination. The evidence shows that you have completed two years of college at the University of Toledo. You were working as a maintenance mechanic but you were fired in November 2002. You live with a "room mate", and have maintained a supportive relationship with her for "four years".

A GAF of 31 to 40 denotes some impairment in reality testing or communication (e.g. speech is at times illogical, obscure, or irrelevant) or major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g. depressed man avoids friends, neglects family, and is unable to work)

A GAF of 41 to 50 denotes serious symptoms (e.g. suicidal ideation, severe obsessional rituals, frequent shoplifting) or any serious impairment in social, occupational or school functioning (e.g. no friends, unable to keep a job)

A GAF of 51 to 60 denotes moderate symptoms (e.g. flat affect and circumstantial speech, occasional panic attacks) or moderate impairment in social, occupational or school functioning (e.g. few friends, conflicts with peers or co-workers);

a GAF of 61 to 70 signifies mild symptoms (e.g. depressed mood and mild insomnia) or some difficulty in social, occupational or school functioning (e.g. temporarily falling behind in school work) but generally functioning pretty well, has some meaningful interpersonal relationships.

An evaluation of 50 percent is assigned for occupational and social impairment with reduced reliability and productivity due to such symptoms as: flattened affect;

circumstantial, circumlocutory, or stereotyped speech; panic attacks more than once a week; difficulty in understanding complex commands; impairment of short- and long-term memory (e.g., retention of only highly learned material, forgetting to complete tasks); impaired judgment; impaired abstract thinking; disturbances of motivation and mood; difficulty in establishing and maintaining effective work and social relationships. A higher evaluation of 70 percent is not warranted unless there are deficiencies in most areas, such as work, school, family relations, judgment, thinking, or mood, due to such symptoms as: suicidal ideation; obsessional rituals which interfere with routine activities; speech intermittently illogical, obscure, or irrelevant; near-continuous panic or depression affecting the ability to function independently, appropriately and effectively; impaired impulse control (such as unprovoked irritability with periods of violence); spatial disorientation; neglect of personal appearance and hygiene; difficulty in adapting to stressful circumstances (including work or a worklike setting); inability to establish and maintain effective relationships. The evidence of records fails to support the next higher evaluation as shown above.

The effective date of grant is December 13, 2002, the date your claim for an increase was received and the evidence shows an increase in the severity of your bipolar disorder.