

SCIATICA & RADICULOPATHY

VA CLAIM GUIDE

Map the symptoms to the nerve, the side, and the medical cause.



NERVE // SIDE // SEVERITY

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01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

A RADIATING-PAIN LABEL IS NOT THE WHOLE NERVE EVALUATION

The record should identify the affected nerve and side, then distinguish pain and sensory symptoms from weakness, reflex change, atrophy, foot drop, or other motor loss. Severity language should be supported by the actual neurologic findings.

NERVE

Identify sciatic, femoral, or another nerve and the anatomical level involved.

SIDE

Document right, left, or bilateral impairment separately.

SEVERITY

Connect mild, moderate, severe, or complete impairment language to sensory and motor findings.

02

SERVICE-CONNECTION PATHS

SECONDARY TO SPINE

A service-connected lumbar condition caused or aggravated radiculopathy through an explained anatomic mechanism.

DIRECT

A nerve injury, pelvic injury, or spinal event began in service and caused the current disorder.

AGGRAVATION

A service-connected disability permanently worsened the nerve condition beyond natural progression, with a baseline when required.

04

BUILD THE RECORD

1 NERVE AND SIDE

Exact nerve, root level, right or left side, and diagnosis.

2 NEUROLOGIC EXAM

Strength, reflexes, sensation, straight-leg raise, and muscle bulk.

3 SPINE EVIDENCE

Diagnosis and imaging that fit the nerve distribution when a spine theory is used.

4 EMG OR NCS

Useful when clinically indicated, but not a universal prerequisite for every diagnosis.

5 FUNCTION

Walking, standing, sitting, stairs, falls, driving, and assistive devices.

6 MEDICAL LINK

A reasoned explanation connecting service or a service-connected condition to the nerve.

05

WHY CLAIMS BREAK DOWN

Recurring problems in the reviewed service-connection record, plus condition-specific rating gaps.

A

NO NERVE DIAGNOSIS

Radiating pain was reported without identifying the affected nerve or disorder.

B

NO PERSUASIVE NEXUS

The current nerve condition was not medically connected to service or the claimed spine condition.

C

SEVERITY UNSUPPORTED

The label was stronger than the documented sensory, strength, reflex, or atrophy findings.

D

OVERLAP NOT SEPARATED

Back pain and nerve impairment, or multiple nerve labels, duplicated the same manifestations.

06

CAUSES AND EFFECTS OF SCIATIC-NERVE IRRITATION

These are clinical possibilities, not automatic claim relationships. The anatomy and diagnosis must match.

CONDITIONS THAT CAN CAUSE SCIATICA

Herniated disc // spinal stenosis // degenerative spine disease // pelvic injury // other pressure or injury to the sciatic nerve

EFFECTS SCIATICA CAN PRODUCE

Radiating pain // numbness or tingling // leg weakness // gait impairment // falls // foot drop in severe injury

07

DO THIS, NOT THAT

DO

- Name the nerve and side.
- Record sensory and motor findings.
- Tie the cause to the anatomy.

DO NOT

- Use sciatica as a generic pain label.
- Assume EMG is always required.
- Overstate severity without motor findings.