Department of Veterans Affairs

INTERNAL VETERANS AFFAIRS USE

MEDICAL OPINION DISABILITY BENEFITS QUESTIONNAIRE

IMPORTANT – THE DEPARTMENT OF VETERANS AFFAIRS (VA) WILL ***NOT PAY*** OR ***REIMBURSE*** ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION ON REVERSE BEFORE COMPLETING FORM.

NAME OF PATIENT/VETERAN	PATIENT/VETERAN'S SOCIAL SECURITY NUMBER
RAMSEY, JUBAR	XXX-XX-1013

Note to examiner - The Veteran is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.

Is this questionnaire being completed in conjunction with VA 21-2507, C&P examination request? ☒ Yes ☐ No

How was the examination completed? (check all that apply)

☒ In-person examination

☒ Records reviewed

☐ Examination via approved video telehealth

☐ Other, please specify in comments box:

Comments:

ACCEPTABLE CLINICAL EVIDENCE (ACE)

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

☐ Review of available records (without in-person or video telehealth examination) using the Acceptable Clinical Evidence (ACE) process because the existing medical evidence provided sufficient information on which to prepare the questionnaire and such an examination will likely provide no additional relevant evidence.

☐ Review of available records in conjunction with an interview with the Veteran (without in-person or telehealth examination) using the ACE process because the existing medical evidence supplemented with an interview provided sufficient information on which to prepare the questionnaire and such an examination would likely provide no additional relevant evidence.

EVIDENCE REVIEW

Evidence Reviewed (check all that apply):

☐ Not requested

☐ VA claims file (hard copy paper C-file)

☒ VA e-folder

☐ VA electronic health record

☐ Other, please identify other evidence reviewed:

☐ No records were reviewed

Evidence Comments:

P.1644; Medical records show Veteran served in the Marine Corps from 11/28/2011 until 05/30/2015

P. 223: Treatment notes by Brannon Sean dated 07/07/2023 noted, "I have a headache especially when I move my jaw" following MVA and reported hittig right side of the temple against door frame of car.

SECTION I - DEFINITIONS

AGGRAVATION OF PREEXISTING NONSERVICE-CONNECTED DISABILITIES. A PREEXISTING INJURY OR DISEASE WILL BE CONSIDERED TO HAVE BEEN AGGRAVATED BY ACTIVE MILITARY, NAVAL, OR AIR SERVICE, WHERE THERE IS AN INCREASE IN DISABILITY DURING SUCH SERVICE, UNLESS THERE IS A SPECIFIC FINDING THAT THE INCREASE IN DISABILITY IS DUE TO THE NATURAL PROGRESS OF THE DISEASE.

AGGRAVATION OF NONSERVICE-CONNECTED DISABILITIES. ANY INCREASE IN SEVERITY OF A NONSERVICE-CONNECTED DISEASE OR INJURY THAT IS PROXIMATELY DUE TO OR THE RESULT OF A SERVICE-CONNECTED DISEASE OR INJURY, AND NOT DUE TO THE NATURAL PROGRESS OF THE NONSERVICE-CONNECTED DISEASE, WILL BE SERVICE CONNECTED.

SECTION II - RESTATEMENT OF REQUESTED OPINION

2A. INSERT REQUESTED OPINION FROM GENERAL REMARKS:

Is the Veteran's migraines (headaches) at least as likely as not (likelihood is at least approximately balanced or nearly equal, if not higher) proximately due to or the result of:
• tinnitus Rationale must be provided in the appropriate section.

2B. INDICATE TYPE OF EXAM FOR WHICH OPINION HAS BEEN REQUESTED (*e.g. skin diseases*):

DBQ NEURO Headaches (including Migraines)

SECTION III – MEDICAL OPINION FOR DIRECT SERVICE CONNECTION

CHOOSE THE STATEMENT THAT MOST CLOSELY APPROXIMATES THE ETIOLOGY OF THE CLAIMED CONDITION.

☐ 3A. THE CLAIMED CONDITION WAS AT LEAST AS LIKELY AS NOT *(*LIKELIHOOD IS AT LEAST APPROXIMATELY BALANCED OR NEARLY EQUAL, IF NOT HIGHER*)* INCURRED IN OR CAUSED BY THE CLAIMED IN-SERVICE INJURY, EVENT, OR ILLNESS. PROVIDE RATIONALE IN SECTION C.

☐ 3B.THE CLAIMED CONDITION WAS LESS LIKELY THAN NOT (LIKELIHOOD IS LESS THAN APPROXIMATELY BALANCED OR NEARLY EQUAL) INCURRED IN OR CAUSED BY THE CLAIMED IN-SERVICE INJURY, EVENT, OR ILLNESS. PROVIDE RATIONALE IN SECTION C.

3C. RATIONALE:

SECTION IV - MEDICAL OPINION FOR SECONDARY SERVICE CONNECTION

☐ 4A. THE CLAIMED CONDITION IS AT LEAST AS LIKELY AS NOT *(*LIKELIHOOD IS AT LEAST APPROXIMATELY BALANCED OR NEARLY EQUAL, IF NOT HIGHER*)* PROXIMATELY DUE TO OR THE RESULT OF THE VETERAN'S SERVICE CONNECTED CONDITION. PROVIDE RATIONALE IN SECTION C.

☒ 4B. THE CLAIMED CONDITION IS LESS LIKELY THAN NOT *(*LIKELIHOOD IS LESS THAN APPROXIMATELY BALANCED OR NEARLY EQUAL*)* PROXIMATELY DUE TO OR THE RESULT OF THE VETERAN'S SERVICE CONNECTED CONDITION. PROVIDE RATIONALE IN SECTION C.

4C. RATIONALE:

The claimant is diagnosed with migraine headaches

PERTINENT RECORDS INCLUDE:

-Post military private/VA treatment records .1644; Medical records show Veteran served in the Marine Corps from 11/28/2011 until 05/30/2015

P. 223: Treatment notes by Brannon Sean dated 07/07/2023 noted, "I have a headache especially when I move my jaw" following MVA and reported hittig right side of the temple against door frame of car.

The diagnosed migraine headaches are less likely than not proximately due to or the result of:

• tinnitus

Medical records show Veteran served in the Marine Corps from 11/28/2011 until 05/30/2015. Treatment notes by Brannon Sean dated 07/07/2023 noted, "I have a headache especially when I move my jaw" following MVA and reported hitting right side of the temple against door frame of car.

There is no medical or scientific evidence available that provides any indication that tinnitus causes migraines. The exact cause of migraines has not been established. It is believed to be the result of abnormal brain activity temporarily affecting nerve signals, chemicals and blood vessels in the brain and the cause of this brain activity is not clear. It is also believed that gene plays a role in the development of migraine https://www.nhs.uk/conditions/migraine/causes/

SECTION V - MEDICAL OPINION FOR AGGRAVATION OF A CONDITION THAT EXISTED PRIOR TO SERVICE

☐ 5A. THE CLAIMED CONDITION, WHICH CLEARLY AND UNMISTAKABLY EXISTED PRIOR TO SERVICE, WAS AGGRAVATED BEYOND ITS NATURAL PROGRESSION BY AN IN-SERVICE INJURY, EVENT, OR ILLNESS. PROVIDE RATIONALE IN SECTION C.

☐ 5B. THE CLAIMED CONDITION, WHICH CLEARLY AND UNMISTAKABLY EXISTED PRIOR TO SERVICE, WAS CLEARLY AND UNMISTAKABLY NOT AGGRAVATED BEYOND ITS NATURAL PROGRESSION BY AN IN-SERVICE INJURY, EVENT, OR ILLNESS. PROVIDE RATIONALE IN SECTION C.

5C. RATIONALE:

SECTION VI - MEDICAL OPINION FOR AGGRAVATION OF A NONSERVICE CONNECTED CONDITION BY A SERVICE CONNECTED CONDITION

6A. CAN YOU DETERMINE A BASELINE LEVEL OF SEVERITY OF *(claimed condition/diagnosis)* BASED UPON MEDICAL EVIDENCE AVAILABLE PRIOR TO AGGRAVATION OR THE EARLIEST MEDICAL EVIDENCE FOLLOWING AGGRAVATION BY *(service connected condition)*?

☐ YES ☐ NO

IF "YES" TO QUESTION 6A, ANSWER THE FOLLOWING:

I. DESCRIBE THE BASELINE LEVEL OF SEVERITY OF *(claimed condition/diagnosis)* BASED UPON MEDICAL EVIDENCE AVAILABLE PRIOR TO AGGRAVATION OR THE EARLIEST MEDICAL EVIDENCE FOLLOWING AGGRAVATION BY *(service connected condition)*:

II. PROVIDE THE DATE AND NATURE OF THE MEDICAL EVIDENCE USED TO PROVIDE THE BASELINE:

III. IS THE CURRENT SEVERITY OF THE *(claimed condition/diagnosis)* GREATER THAN THE BASELINE?

☐ YES ☐ NO

IF YES, WAS THE VETERAN'S *(claimed condition/diagnosis)* AT LEAST AS LIKELY AS NOT AGGRAVATED BEYOND ITS NATURAL PROGRESSION BY (insert "service connected condition")?

☐ YES *(provide rationale in section 6B.)*

☐ NO *(provide rationale in section 6B.)*

IF "NO" TO QUESTION 6A, ANSWER THE FOLLOWING:

I. PROVIDE RATIONALE AS TO WHY A BASELINE CANNOT BE ESTABLISHED *(e.g. medical evidence is not sufficient to support a determination of a baseline level of severity):*

II. REGARDLESS OF AN ESTABLISHED BASELINE, WAS THE VETERAN'S *(claimed condition/diagnosis)* AT LEAST AS LIKELY AS NOT AGGRAVATED BEYOND ITS NATURAL PROGRESSION BY *(insert "service connected condition")*?

☐ YES *(provide rationale in section 6B.)*

☐ NO *(provide rationale in section 6B.)*

6B. PROVIDE RATIONALE:

SECTION VII - GULF WAR OPINION

7A. PLEASE EVALUATE THE MEDICAL RECORDS FOR THIS VETERAN WITH SOUTHWEST ASIA SERVICE FOR ANY CHRONIC DISABILITY PATTERN.

FOR EACH CONDITION AND/OR SYMPTOM IDENTIFIED IN THE GULF WAR GENERAL MEDICAL EXAMINATION QUESTIONNAIRE OR ANY OTHER ASSOCIATED QUESTIONNAIRE, DETERMINE WHETHER THE VETERAN'S DISABILITY PATTERN IS:

(1) AN UNDIAGNOSED ILLNESS
(2) A DIAGNOSABLE BUT MEDICALLY UNEXPLAINED CHRONIC MULTI-SYMPTOM ILLNESS OF UNKNOWN ETIOLOGY (MUCMI)
(3) A DIAGNOSABLE CHRONIC MULTI-SYMPTOM ILLNESS WITH A PARTIALLY EXPLAINED ETIOLOGY, OR
(4) A DISEASE WITH A CLEAR AND SPECIFIC ETIOLOGY AND DIAGNOSIS.

IF, AFTER REVIEWING THE CLAIMS FILE, YOU DETERMINE THAT THE VETERAN'S DISABILITY PATTERN WAS EITHER (1) AN UNDIAGNOSED ILLNESS; OR (2) MUCMI, THEN PLEASE PROVIDE A MEDICAL STATEMENT IDENTIFYING WHICH DISABILITY PATTERN (1 OR 2) IS PRESENT WITH SUPPORTING RATIONALE IN 7B AND/OR 7C. FOR ANY SIGNS OR SYMPTOMS DESCRIBED IN THE GULF WAR GENERAL MEDICAL EXAMINATION QUESTIONNAIRE OR ANY OTHER ASSOCIATED QUESTIONNAIRE, IDENTIFY THOSE THAT ARE ATTRIBUTABLE TO EACH UNDIAGNOSED ILLNESS OR MUCMI.

IF, AFTER REVIEWING THE CLAIMS FILE, YOU DETERMINE THAT THE VETERAN'S DISABILITY PATTERN WAS EITHER (3) A DIAGNOSABLE CHRONIC MULTI-SYMPTOM ILLNESS WITH A PARTIALLY EXPLAINED ETIOLOGY, OR (4) A DISEASE WITH A CLEAR AND SPECIFIC ETIOLOGY AND DIAGNOSIS, THEN PLEASE PROVIDE A MEDICAL STATEMENT IDENTIFYING WHICH DISABILITY PATTERN (3 OR 4) IS PRESENT AND PROVIDE A MEDICAL STATEMENT WITH SUPPORTING RATIONALE IN 7B AND/OR 7C. THE RATIONALE MUST ADDRESS BOTH THE ETIOLOGY AND PATHOPHYSIOLOGY FOR EACH DISABILITY PATTERN. ALSO COMPLETE THE MEDICAL OPINION FOR TOXIC EXPOSURE RISK ACTIVITIES (TERA) IN SECTION VIII.

7B. MEDICAL STATEMENT WITH SUPPORTING RATIONALE EXPLAINING DISABILITY PATTERN (FOR EACH CONDITION):

7C. ARE ANY OF THE DIAGNOSES A GASTROINTESTINAL DISORDER? ☐ YES ☐ NO

IF YES, INDICATE IF THE GASTROINTESTINAL DISORDER IS FUNCTIONAL (DISABILITY PATTERN 1 OR 2), OR STRUCTURAL (DISABILITY PATTERN 3 OR 4).

☐ FUNCTIONAL ☐ STRUCTURAL

PROVIDE AN EXPLANATION OF WHETHER THE DISORDER IS FUNCTIONAL OR STRUCTURAL AND DISCUSS ANY TESTING (IF AVAILABLE) THAT WAS COMPLETED

IDENTIFYING THE SPECIFIC GASTROINTESTINAL DISORDER DIAGNOSED.

SECTION VIII – MEDICAL OPINION FOR TOXIC EXPOSURE RISK ACTIVITIES (TERA)

CHOOSE THE STATEMENT THAT MOST CLOSELY APPROXIMATES THE ETIOLOGY OF THE CLAIMED CONDITION.

☐ 8A. THE CLAIMED CONDITION WAS AT LEAST AS LIKELY AS NOT (LIKELIHOOD IS AT LEAST APPROXIMATELY BALANCED OR NEARLY EQUAL, IF NOT HIGHER) CAUSED BY THE INDICATED TOXIC EXPOSURE RISK ACTIVITY(IES), AFTER CONSIDERING THE TOTAL POTENTIAL EXPOSURE THROUGH ALL APPLICABLE MILITARY DEPLOYMENTS OF THE VETERAN AND THE SYNERGISTIC, COMBINED EFFECT OF ALL TOXIC EXPOSURE RISK ACTIVITIES OF THE VETERAN. PROVIDE RATIONALE IN SECTION C.

☐ 8B.THE CLAIMED CONDITION WAS LESS LIKELY THAN NOT (LIKELIHOOD IS LESS THAN APPROXIMATELY BALANCED OR NEARLY EQUAL) CAUSED BY THE INDICATED TOXIC EXPOSURE RISK ACTIVITY(IES), AFTER CONSIDERING THE TOTAL POTENTIAL EXPOSURE THROUGH ALL APPLICABLE MILITARY DEPLOYMENTS OF THE VETERAN AND THE SYNERGISTIC, COMBINED EFFECT OF ALL TOXIC EXPOSURE RISK ACTIVITIES OF THE VETERAN. PROVIDE RATIONALE IN SECTION C.

8C. PROVIDE RATIONALE:

SECTION IX - OPINION REGARDING CONFLICTING MEDICAL EVIDENCE

9. I HAVE REVIEWED THE CONFLICTING MEDICAL EVIDENCE AND AM PROVIDING THE FOLLOWING OPINION:

SECTION X - PHYSICIAN'S CERTIFICATION AND SIGNATURE

CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current.

10A. PHYSICIAN'S SIGNATURE	10B. PHYSICIAN'S PRINTED NAME	10C. DATE SIGNED
Stella Mbah DNP FNP-BC be3dff30-a499-41e5-826b-e2bab78e4769	MBAH STELLA DNP, NP-C NURSE PRACTITIONER	20240620 (UTC)

10D. PHYSICIAN'S PHONE/FAX NUMBERS	10E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER	10F. PHYSICIAN'S ADDRESS
4109639577 4432005261	NPI#:1851787725 Lic#:R174343 MD	7131 LIBERTY RD STE 100 GWYNN OAK MD 21207