Practitioner guide to reviewing this nexus draft

FICTIONAL EXAMPLE. These invented records were processed through the Raven Nexus draft engine. No real veteran, clinician, or medical opinion is represented. Do not submit this example as evidence.

Please independently evaluate the medical question below. The packet contains proposed AI-assisted discussion, selected source context, and completion prompts. You may revise, replace, or decline the draft. Clinician services and signatures are not supplied by Claim Raven.

Question for this review

Whether Lumbar spine condition is related to an injury, event, or exposure during military service.

What VA is evaluating

For direct service connection, VA generally evaluates a current disability, an in-service event, injury or disease, and a link between them. For a secondary claim, the question concerns a link to an already service-connected disability. Qualifying presumptive claims may not require proof of individual causation. See the VA evidence guidance below; requirements depend on the claim.

Explain your conclusion using the case-specific clinical evidence and a medical explanation connecting the facts to your opinion. Identify the sources you relied upon. A list of records or study citations alone does not explain the relationship. The historical VA OIG report below discusses this distinction.

Practical review checklist

Confirm the diagnosis, clinical findings, chronology, and records actually reviewed. Separate the veteran's reported history from documented findings. Do not attest to examining or treating the veteran unless you did so.

Review the proposed research discussion. Explain which findings apply to this veteran and why, including important limitations and alternative explanations. Abstract review is not full-paper review. Studies and nonprecedential Board examples are not universal requirements for a valid opinion or proof of individual causation.

Use probability wording that reflects your independent conclusion, such as at least as likely as not or less likely than not, with medical reasons. No favorable answer is preselected. If an opinion cannot be reached without speculation, explain why, what remains unknown, and whether additional evidence or examination could help.

Prior medical opinions

Review the actual prior opinion and its rationale, not only a summary or denial label. Explain any material agreement or disagreement using clinical reasons and accurate facts. Do not assume an examiner's identity or qualifications from missing information.

Clinical statements you are adopting

The following sentences in the draft state general medical knowledge or clinical interpretation rather than a fact from a cited record or study. If you sign the letter, they become your statements. Revise or remove any you do not hold.

- Manual lifting transfers compression and shear forces through the lumbar discs, joints, muscles, and ligaments.

- When the load exceeds tissue tolerance, those forces produce a lumbar strain and mechanically provoked pain.

- An injured lumbar region can remain sensitive to later loading, producing recurrent symptoms during lifting or prolonged standing.

- Lumbar strain and degenerative disc disease are not the same diagnosis, so I do not base this nexus on the diagnostic label alone.

- Normal strength and gait at separation do not exclude activity-related lumbar pain, and the absence of imaging means that visit did not assess disc structure.

- This literature supports the mechanical pathway connecting lumbar loading to injury; it does not independently determine causation in an individual veteran.

- The study supports the biological mechanism but does not quantify the force experienced by this veteran.

Unresolved items in this draft

The automated checks have not listed an evidence-domain gap. This is not medical validation and does not replace your review.

Complete and return your opinion

Review all medical content, not just the bold completion fields. Edit the Word draft or write your own letter. Complete your name, relevant credentials, contact information, review details, signature and date. Remove bracketed instructions from your final clinician-authored letter after addressing them. Never sign a statement you do not support.

Return your document through an agreed private channel. The veteran retains the original working draft separately. Raven Nexus checks completeness; it does not authenticate a signature, establish clinical accuracy, or guarantee VA acceptance.

Sources and scope

Claim Raven educational guide, reviewed September 5, 2026. Not a VA form or VA endorsement. Practical checklist items are drafting aids, not a universal legal sufficiency test. Condition-specific forms and examiner qualifications may add requirements.

VA evidence requirements by claim type
https://www.va.gov/disability/how-to-file-claim/evidence-needed/

VA OIG explanation of medical rationale, report dated March 9, 2022, pages 13 and 14
https://www.vaoig.gov/sites/default/files/reports/2022-03/VAOIG-21-02750-63.pdf