Raven Nexus clinician-review 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.

This is an unreviewed working draft, not medical evidence. The clinician must independently review the records and literature, reach their own conclusion, and author or adopt any final opinion.

Records reviewed

Fictional service clinic note, dated 2012-04-18, page 1. Source excerpt: "Service clinic assessment: lumbar strain after lifting a equipment case during duty. Local tenderness documented; no leg symptoms reported. A temporary lifting restriction was issued." This excerpt was selected for inclusion; clinical interpretation remains with the clinician.

Fictional separation history, dated 2014-07-09, page 2. Source excerpt: "The patient reports intermittent back discomfort with heavy lifting. The examination documents normal strength and gait; no imaging was obtained at this visit." This excerpt was selected for inclusion; clinical interpretation remains with the clinician.

Fictional urgent care note, dated 2019-02-12, page 3. Source excerpt: "The patient reports new back pain after moving furniture at home. The patient describes earlier intermittent discomfort but no treatment records for the intervening period were supplied." This excerpt was selected for inclusion; clinical interpretation remains with the clinician.

Fictional current spine assessment, dated 2025-11-06, page 4. Source excerpt: "Assessment: lumbar degenerative disc disease, with activity-related low back pain. Imaging describes lower lumbar disc degeneration. The note does not state when degeneration began or attribute it to a particular injury." This excerpt was selected for inclusion; clinical interpretation remains with the clinician.

Current diagnosis

The supplied record lists Assessment: lumbar degenerative disc disease, with activity-related low back pain. Imaging describes lower lumbar disc degeneration. The note does not state when degeneration began or attribute it to a particular injury., dated 2025-11-06, page 4. The clinician must confirm the current diagnosis.

In-service event, exposure, or service-connected primary condition

Selected question for clinician review: Lumbar spine condition under Direct connection: in-service injury or repetitive stress. This selection does not establish a medical relationship.

Fictional service clinic note, dated 2012-04-18, page 1: Service clinic assessment: lumbar strain after lifting a equipment case during duty. Local tenderness documented; no leg symptoms reported. A temporary lifting restriction was issued.

Source-attributed timeline

No dated veteran-reported service event, exposure, or treatment fact was supplied.

Theory of connection

Veteran-selected theory for clinician review: Direct connection: in-service injury or repetitive stress. This selection is not a medical conclusion. The clinician must determine whether the verified sources and veteran-specific facts support this theory.

Medical rationale

Clinician-authored rationale required. Claim Raven has not supplied a causal conclusion. The clinician must decide whether any verified source and veteran-specific fact support the selected theory, address contrary material, and explain their independent medical reasoning.

Onset and course

Fictional service clinic note, dated 2012-04-18, page 1: Service clinic assessment: lumbar strain after lifting a equipment case during duty. Local tenderness documented; no leg symptoms reported. A temporary lifting restriction was issued.

Fictional separation history, dated 2014-07-09, page 2: The patient reports intermittent back discomfort with heavy lifting. The examination documents normal strength and gait; no imaging was obtained at this visit.

Question proposed for independent clinician assessment: How does the documented lumbar strain with lifting and the subsequent separation history of intermittent discomfort with normal strength and gait bear on the continuity of any back complaint during service?

Treatment and documented course

Proposed discussion for clinician review

The urgent care note documents new back pain following an intervening furniture-moving injury, with the patient describing earlier intermittent discomfort but without continuous treatment records for that intervening period. The current spine assessment establishes a diagnosis of lumbar degenerative disc disease with lower lumbar disc degeneration on imaging, activity-related low back pain, but the note explicitly does not state when the degeneration began or attribute it to a particular injury. The absence of an attributed onset in the current assessment leaves open the extent to which the diagnosed degenerative changes relate temporally to the earlier documented complaints, the intervening injury, or processes not captured in the available records.

Fictional urgent care note, dated 2019-02-12, page 3: The patient reports new back pain after moving furniture at home. The patient describes earlier intermittent discomfort but no treatment records for the intervening period were supplied.

Fictional current spine assessment, dated 2025-11-06, page 4: Assessment: lumbar degenerative disc disease, with activity-related low back pain. Imaging describes lower lumbar disc degeneration. The note does not state when degeneration began or attribute it to a particular injury.

Question proposed for independent clinician assessment: How does the interval between the intervening furniture-moving injury and the current diagnosis of lumbar degenerative disc disease inform the relationship between earlier documented symptoms and the present imaging findings?

Research and individual applicability

Proposed discussion for clinician review

The service clinic note documents a lumbar strain occurring after lifting an equipment case, and the current spine assessment documents lumbar degenerative disc disease with lower lumbar disc degeneration on imaging, without stating an attributed onset. The literature describes dynamic loading of the lumbar spine during lifting activities and describes an association between occupational load and the risk of lumbar disc degeneration. These excerpts describe general biomechanical relationships between lifting-related loading and disc degeneration risk rather than findings specific to this individual, and the current assessment does not itself attribute the degeneration to a particular injury or occupational exposure. Whether the described general mechanism applies to the specific findings in this record requires clinical judgment beyond what the excerpts

alone establish.

Fictional service clinic note, dated 2012-04-18, page 1: Service clinic assessment: lumbar strain after lifting a equipment case during duty. Local tenderness documented; no leg symptoms reported. A temporary lifting restriction was issued.

Fictional current spine assessment, dated 2025-11-06, page 4: Assessment: lumbar degenerative disc disease, with activity-related low back pain. Imaging describes lower lumbar disc degeneration. The note does not state when degeneration began or attribute it to a particular injury.

Supporting research, Effects of load mass and position on the dynamic loading of the knees, shoulders and lumbar spine during lifting: a musculoskeletal modelling approach (2021), PMID 34126573: shoulders and lumbar spine during lifting.

Supporting research, Lumbar disc degeneration in relation to occupation (1998), PMID 9869307: Occupational load affects the risk of disc degeneration of the lumbar spine.

Question proposed for independent clinician assessment: Does the biomechanical literature on lumbar loading during lifting and occupational disc degeneration provide a plausible mechanism connecting the documented lifting-related strain to the later diagnosis of lumbar degenerative disc disease?

Competing explanations

Fictional urgent care note, dated 2019-02-12, page 3: The patient reports new back pain after moving furniture at home. The patient describes earlier intermittent discomfort but no treatment records for the intervening period were supplied.

Fictional current spine assessment, dated 2025-11-06, page 4: Assessment: lumbar degenerative disc disease, with activity-related low back pain. Imaging describes lower lumbar disc degeneration. The note does not state when degeneration began or attribute it to a particular injury.

Question proposed for independent clinician assessment: What bearing does the documented intervening furniture-moving injury have on the possible contribution of non-service factors to the current lumbar degenerative disc disease diagnosis?

Research coverage and limits

Supporting verified literature: Effects of load mass and position on the dynamic loading of the knees, shoulders and lumbar spine during lifting: a musculoskeletal modelling approach. Verified source excerpt: shoulders and lumbar spine during lifting. Applicability boundary: source matching does not establish a clinical finding or its applicability to this veteran.

Supporting verified literature: Lumbar disc degeneration in relation to occupation. Verified source excerpt: Occupational load affects the risk of disc degeneration of the lumbar spine. Applicability boundary: source matching does not establish a clinical finding or its applicability to this veteran.

Supporting verified literature: The biomechanics of low back injury: implications on current practice in industry and the clinic. Verified source excerpt: the types of tissue loads that cause low back injury Applicability boundary: source matching does not establish a clinical finding or its applicability to this veteran.

Veteran-reported current symptoms: Back discomfort with prolonged standing and lifting.. The clinician must decide whether these facts fit the mechanism.

Veteran-reported contrary or complicating facts for clinician review: An intervening furniture-moving injury is documented. No continuous treatment history is supplied..

Response to the prior VA examination opinion

No verified prior VA examiner rationale was supplied for rebuttal.

Proposed opinion

Proposed for the clinician's independent judgment. After independently reviewing the listed materials, the clinician may state: "It is [at least as likely as not / less likely than not] that Lumbar spine condition is related to the selected service event or exposure." Possible source-bound reasons for clinician review are: the supplied Fictional current spine assessment entry dated 2025-11-06, page 4; the supplied Fictional service clinic note entry dated 2012-04-18, page 1; the verified source excerpt from Effects of load mass and position on the dynamic loading of the knees, shoulders and lumbar spine during lifting: a musculoskeletal modelling approach: shoulders and lumbar spine during lifting.. These materials do not establish a medical conclusion. The clinician must select the applicable probability language, confirm that every cited fact and source applies, and replace or remove this proposed paragraph with their own supported reasoning.

Clinician attestation

Name: _____

Credentials: _____

Specialty: _____

Relationship to the veteran and dates of care: _____

Records reviewed confirmation: _____

Signature: _____

Date: _____

Verified literature appendix

Effects of load mass and position on the dynamic loading of the knees, shoulders and lumbar spine during lifting: a musculoskeletal modelling approach

https://pubmed.ncbi.nlm.nih.gov/34126573/

Verified: 2026-09-03T23:46:45.636Z. Applicability requires independent clinician review.

Lumbar disc degeneration in relation to occupation

https://pubmed.ncbi.nlm.nih.gov/9869307/

Verified: 2026-09-03T23:46:46.229Z. Applicability requires independent clinician review.

The biomechanics of low back injury: implications on current practice in industry and the clinic

https://pubmed.ncbi.nlm.nih.gov/9109558/

Verified: 2026-09-03T23:46:46.721Z. Applicability requires independent clinician review.

Provider guidance

Board corpus sample size: 673 condition records across 673 decisions. Grant share: 40.6% (sample size 673). Descriptive provider-type figures: va examiner: 36.4% (sample size 382); private ime: 74.1% (sample size 85); treating physician: 69.7% (sample size 33). These figures do not identify who should sign and do not predict an

outcome. The clinician must independently confirm that the medical question is within their scope and practice.