

Updated Medical Opinion & Gulf War General Medical DBQs



February 25, 2024

The MEP® exam forms for the Medical Opinion DBQ has been updated to comply with updated VA DBQ. These updates are *effective Sunday, February 25, 2024*.

Medical Opinion DBQ

1. ACE section will now disable if “in-person examination” selected. **VA Guidance:** For Medical Opinion only cases, the ACE section applies and should be answered to address if an interview was conducted in conjunction with the record review.
2. **NEW! Section VII Gulf War Opinion** will be used to specifically address the following questions for each Gulf War Contention. Therefore, these questions will no longer be addressed as Ad Hoc questions in the corresponding exam DBQs.
 - a. 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 either:
 - (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
 - b. A **supporting rationale** for the Medical statement (1 - 4) must be provided to explain the disability pattern selected.
 - c. If any of the diagnoses are a gastrointestinal disorder, identify whether it is **functional or structural**.
 - d. **An explanation for functional vs structural** gastrointestinal diagnoses. **Reminder:** A structural and a functional disorder may exist together and you may need to differentiate symptoms between them if possible. If not possible, please provide a statement indicating that and reasoning. For example, “*Unable to differentiate the symptoms between structural and functional gastrointestinal disorder as the symptoms overlap.*”
 - e. An instruction to proceed to Section VIII Toxic Exposure Risk Activity (TERA) only for disability pattern (3) and (4).
3. **Other important highlights:**
 - a. For any Gulf War disability pattern selected as (1) or (2) on the newly updated IMO DBQ, the Medical Opinion DBQ will be delivered to VA and will no longer be deleted.
 - b. For any Gulf War disability pattern selected as (3) or (4) on the newly updated IMO DBQ, the TERA medical opinion section of the same IMO DBQ will open requiring full TERA medical opinion.
4. **Section VIII – Medical Opinion for Toxic Exposure Risk Activities (TERA): New options** available for the following scenarios:
 - a. Confirmed presumptive diagnosis. Use the following checkbox **ONLY** in the diagnosis is a confirmed presumptive diagnosis according to Title 38, Part 3 subpart A of the code of Federal Regulations as per the Secretary of Veterans Affairs determining a positive association between the diagnosed condition and the toxic exposure.

Check this box ONLY if there is NO pathology to warrant ANY diagnosis that is related to the condition being claimed for service connection.

[Redacted text area]

Presumptive Diagnosis. Check this box ONLY if the condition is confirmed as presumptive diagnosis according to Title 38, Part 3 subpart A of the Code of Federal Regulations.

Check this box ONLY if a separate "at least as likely" (positive)opinion" has already been given.

[Redacted text area]

This selection will auto-generate a positive "at least as likely" response and require TERA response responses for:

- Confirmation of the diagnosis given, the TERA checklist to describe the findings from TERA/ILER, the Claimed condition, and claimed toxic exposure.
- b. When a separate positive "at least as likely" opinion has already been provided for the same contention therefore the TERA medical opinion is no longer necessary:

Check this box ONLY if there is NO pathology to warrant ANY diagnosis that is related to the condition being claimed for service connection.

[Redacted text area]

Presumptive Diagnosis. Check this box ONLY if the condition is confirmed as presumptive diagnosis according to Title 38, Part 3 subpart A of the Code of Federal Regulations.

Check this box ONLY if a separate "at least as likely" (positive)opinion" has already been given.

A separate positive opinion was provided. Therefore, a TERA opinion is not being provided.

[Redacted text area]

This selection will auto-generate the statement "A separate positive opinion was provided. Therefore a TERA opinion is not being provided" and will not require any further TERA discussion. The Leidos QTC Quality Assurance specialist will continue to delete these medical opinion DBQs.

Gulf War (GW) General Medical Exams DBQ

The GW DBQ has primarily undergone updates in formatting with some minor verbiage and selection options.

1. Additional definitions specific to MUCMI, Functional Gastrointestinal disorders and "Objective indications of chronic disability":

Definitions. VA statutes and regulations provide for service connecting certain chronic disability patterns based on exposure to environmental hazards experienced during military service in Southwest Asia. The environmental hazards may have included: exposure to smoke and particles from oil well fires, exposure to pesticides and insecticides, exposure to indigenous infectious diseases; exposure to solvent and fuel fumes; ingestion of pyridostigmine bromide tablets, as a nerve gas antidote; the combined effect of multiple vaccines administered upon deployment; and inhalation of ultra fine-grain sand particles. In addition, there may have been exposure to smoke and particles from military installation "burn pit" fires that incinerated a wide range of toxic waste materials.

The chronic disability patterns associated with these Southwest Asia environmental hazards have two distinct outcomes. One is referred to as "undiagnosed illnesses" and the other as "diagnosed medically unexplained chronic multisymptom illnesses". An undiagnosed illness is established when findings are present that cannot be attributed to a known, clearly defined diagnosis, after all likely diagnostic possibilities for such abnormalities have been ruled out.

The term medically unexplained chronic multisymptom illness means a diagnosed illness without conclusive pathophysiology or etiology, that is characterized by overlapping symptoms and signs and has features such as fatigue, pain, disability out of proportion to physical findings, and inconsistent demonstration of laboratory abnormalities.

Examples of medically unexplained chronic multi-symptom illnesses include, but are not limited to: (1) chronic fatigue syndrome, (2) fibromyalgia, and (3) irritable bowel syndrome. Diseases of "partially explained etiology," such as diabetes or multiple sclerosis, are not considered by VA to be in the category of medically unexplained chronic multisymptom illnesses.

Functional gastrointestinal disorders are a group of conditions characterized by chronic or recurrent symptoms that are unexplained by any structural, endoscopic, laboratory, or other objective signs of injury or disease and may be related to any part of the gastrointestinal tract. Specific functional gastrointestinal disorders include, but are not limited to, irritable bowel syndrome, functional dyspepsia, functional vomiting, functional constipation, functional bloating, functional abdominal pain syndrome, and functional dysphagia. These disorders are commonly characterized by symptoms including abdominal pain, substernal burning or pain, nausea, vomiting, altered bowel habits (including diarrhea, constipation), indigestion, bloating, postprandial fullness, and painful or difficult swallowing. Diagnosis of specific functional gastrointestinal disorders is made in accordance with established medical principles, which generally require symptom onset at least 6 months prior to diagnosis and the presence of symptoms sufficient to diagnose the specific disorder at least 3 months prior to diagnosis.

"Objective indications of chronic disability" include both "signs," in the medical sense of objective evidence perceptible to an examining clinician, and other, non-medical indicators that are capable of independent verification. Disabilities that have existed for 6 months or more and disabilities that exhibit intermittent episodes of improvement and worsening over a 6-month period will be considered chronic. The 6-month period of chronicity will be measured from the earliest date on which the pertinent evidence establishes that the signs or symptoms of the disability first became manifest.

The following list of signs and symptoms may represent an "undiagnosed illness" or "diagnosed medically unexplained chronic multisymptom illness" for which a Gulf War Veteran may be presumptively service connected:

- Fatigue
- Signs or symptoms involving the skin
- Headache
- Muscle pain
- Joint pain
- Neurological signs and symptoms
- Neuropsychological signs or symptoms
- Upper or lower respiratory system signs or symptoms
- Sleep disturbances
- Gastrointestinal signs or symptoms
- Cardiovascular signs or symptoms
- Abnormal weight loss
- Menstrual disorders

2. Section II Medical History: Removed, added or edited selection options

SECTION II - MEDICAL HISTORY

Identify each affected system/area (This is the system/area/condition the Veteran is claiming or for which an exam has been requested). In particular, identify all systems/areas for any conditions the Veteran has claimed as secondary to Southwest Asia exposure or that could represent "undiagnosed illness" or "diagnosed medically unexplained chronic multisymptom illness."

Under each identified system/area, select the appropriate associated Questionnaires (check all that apply). Complete the associated Questionnaires as part of this General Medical exam report.

*See PDF of Gulf War Medical Examinations DBQ for full updated list of Section II Medical History options

For a review of the Gulf War Definitions and Disability Patterns:

[Click here](#) or scan QR code:

