

SECONDARY SERVICE CONNECTION • 38 C.F.R. § 3.310

SLEEP APNEA SECONDARY TO CHRONIC SINUSITIS

What the Board data shows, how the nasal-airway theory works, and what a case-specific opinion must explain



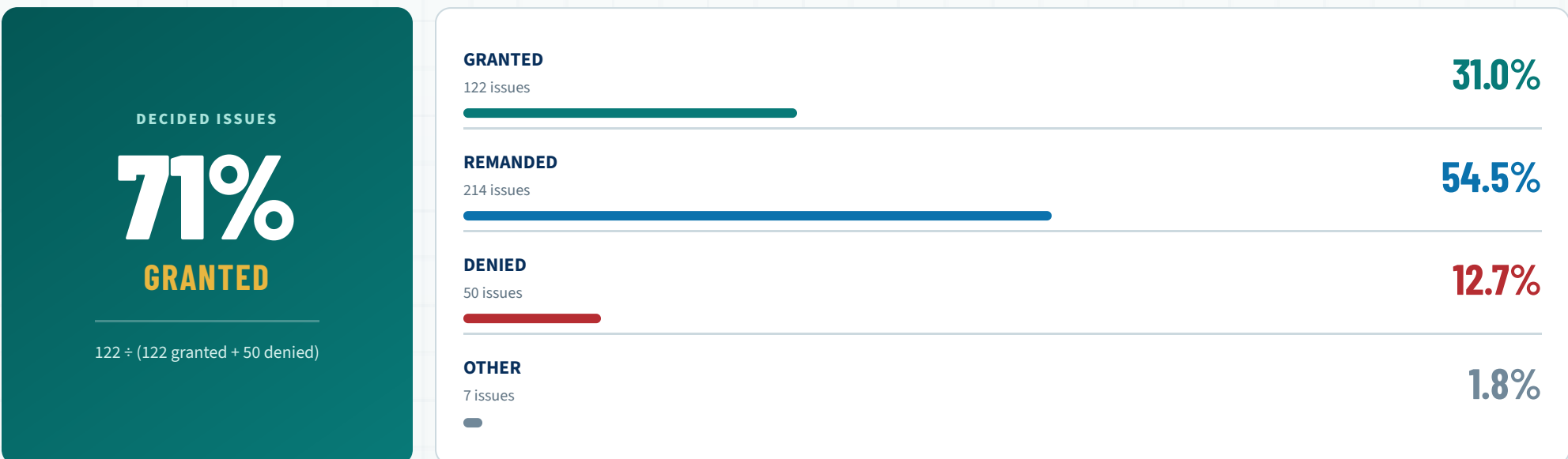
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BOARD RESEARCH SNAPSHOT

393 PUBLISHED ISSUES ON THIS EXACT PAIRING

DC 6513 → DC 6847 • shard generated August 10, 2026

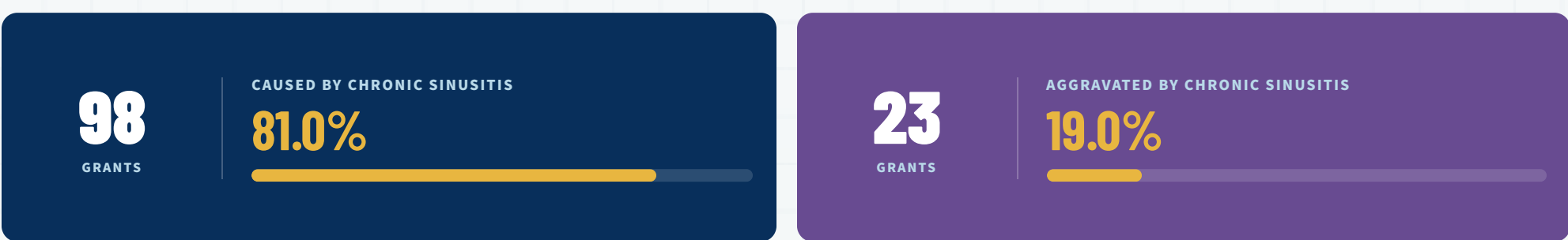


TWO DIFFERENT DENOMINATORS: 31.0% is granted among all 393 issues. 71% is granted among the 172 issues decided granted or denied. Remands are shown separately and are not losses.

HOW THE CLASSIFIED GRANTS WON

CAUSATION LED, BUT AGGRAVATION REMAINS A SEPARATE PATH

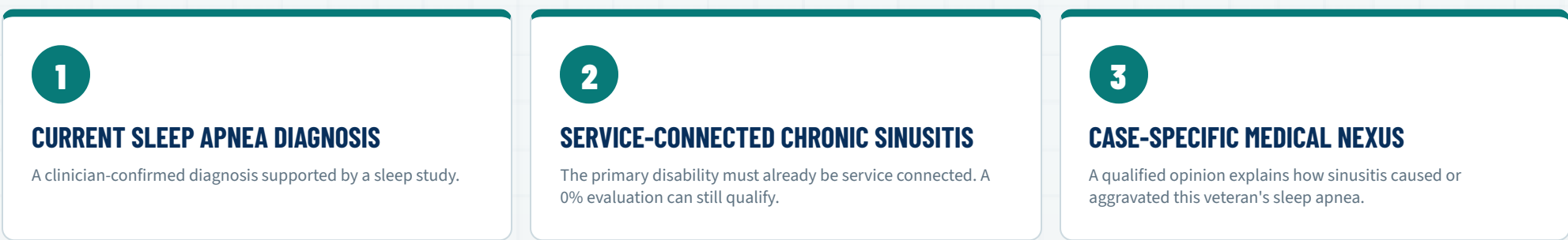
121 of 122 grants classified • 99.2% coverage



1 grant not classified from available decision text | **Practical consequence:** A nexus opinion should answer causation and aggravation separately. A negative answer to one does not resolve the other.

THE LEGAL FRAMEWORK

THE FILE STILL NEEDS ALL THREE ELEMENTS



COEXISTENCE IS NOT A NEXUS. Medical research can support an opinion, but an association between the conditions does not prove causation in one claim.

THE NASAL-AIRWAY THEORY

THE OPINION MUST CONNECT THE PHYSIOLOGY TO THE FILE

Potential pathways, not automatic conclusions



CLINICAL CONTEXT
A 2020 systematic review found impaired sleep and a likely mild obstructive component in chronic rhinosinusitis, while other reviews caution that nasal obstruction is usually not the main driver of moderate to severe OSA. That mixed evidence makes individualized reasoning essential.

NEXUS QUALITY CHECK

CAN THE MEDICAL OPINION ANSWER THESE QUESTIONS?

1

Which came first?

Sinusitis onset, chronicity, treatment, and sleep apnea symptoms and diagnosis.

2

What objective findings support obstruction?

ENT exams, imaging, endoscopy, polyps, surgery, or treatment history.

3

What is the exact mechanism?

Nasal resistance, mouth breathing, PAP intolerance, or another supported pathway.

4

Were alternative risk factors addressed?

BMI, age, anatomy, neck circumference, medications, and smoking when relevant.

5

Were causation and aggravation separated?

Each requires its own conclusion and rationale.

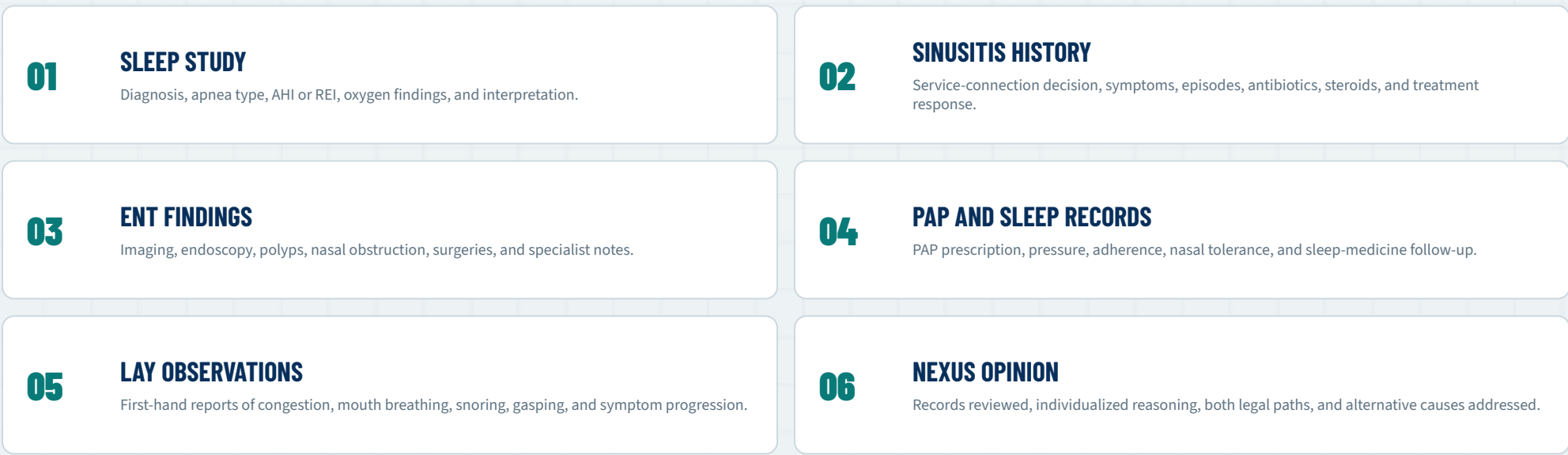
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Was literature applied to the veteran?

General research alone does not explain this medical history.

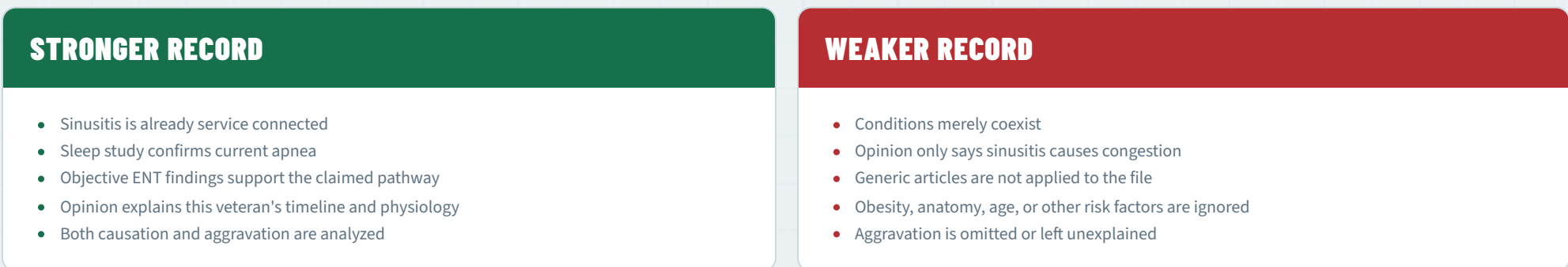
BUILD THE RECORD

PUT THE EVIDENCE INTO ONE COHERENT TIMELINE



COMMON BREAK POINTS

WHAT STRONGER AND WEAKER RECORDS TEND TO SHOW



READ THE RECORD, NOT THE ODDS
These are descriptive patterns in published Board decisions. Board decisions are not binding precedent, remands are not final merits decisions, and the data does not predict any individual claim.