RATEMYVSO RESEARCH SHEET

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

PRIMARY • DC 6513
SERVICE-CONNECTED CHRONIC SINUSITIS

CAUSES OR AGGRAVATES →

SECONDARY • DC 6847
SLEEP APNEA

BOARD RESEARCH SNAPSHOT

393 PUBLISHED ISSUES ON THIS EXACT PAIRING

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

DECIDED ISSUES

71%

GRANTED

122 ÷ (122 granted + 50 denied)

GRANTED	122 issues	31.0%
REMANDED	214 issues	54.5%
DENIED	50 issues	12.7%
OTHER	7 issues	1.8%

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

98 GRANTS — CAUSED BY CHRONIC SINUSITIS **81.0%**

23 GRANTS — AGGRAVATED BY CHRONIC SINUSITIS **19.0%**

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

1 — CURRENT SLEEP APNEA DIAGNOSIS
A clinician-confirmed diagnosis supported by a sleep study.

2 — SERVICE-CONNECTED CHRONIC SINUSITIS
The primary disability must already be service connected. A 0% evaluation can still qualify.

3 — CASE-SPECIFIC MEDICAL NEXUS
A qualified opinion explains how sinusitis caused or aggravated this veteran's sleep apnea.

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

01 — CHRONIC SINUS DISEASE
Persistent inflammation, congestion, drainage, polyps, or recurrent episodes must be documented in the individual record.

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02 — NASAL RESISTANCE OR MOUTH BREATHING
The provider identifies whether impaired nasal airflow changes nighttime breathing or PAP use in this veteran.

→

03 — UPPER-AIRWAY EFFECT
The opinion explains whether increased inspiratory pressure or altered airway mechanics contributed to collapse during sleep.

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04 — CAUSATION OR MEASURABLE WORSENING
The conclusion identifies whether sinusitis caused apnea or worsened its severity, symptoms, or treatment burden.

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.
6. **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

01 — SLEEP STUDY
Diagnosis, apnea type, AHI or REI, oxygen findings, and interpretation.

02 — SINUSITIS HISTORY
Service-connection decision, symptoms, episodes, antibiotics, steroids, and treatment response.

03 — ENT FINDINGS
Imaging, endoscopy, polyps, nasal obstruction, surgeries, and specialist notes.

04 — PAP AND SLEEP RECORDS
PAP prescription, pressure, adherence, nasal tolerance, and sleep-medicine follow-up.

05 — LAY OBSERVATIONS
First-hand reports of congestion, mouth breathing, snoring, gasping, and symptom progression.

06 — NEXUS OPINION
Records reviewed, individualized reasoning, both legal paths, and alternative causes addressed.

COMMON BREAK POINTS

WHAT STRONGER AND WEAKER RECORDS TEND TO SHOW

STRONGER RECORD

- Sinusitis is already service connected
- Sleep study confirms current apnea
- Objective ENT findings support the claimed pathway
- Opinion explains this veteran's timeline and physiology
- Both causation and aggravation are analyzed

WEAKER RECORD

- Conditions merely coexist
- Opinion only says sinusitis causes congestion
- Generic articles are not applied to the file
- Obesity, anatomy, age, or other risk factors are ignored
- Aggravation is omitted or left unexplained

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.

Clinical context: DeConde et al., Int Forum Allergy Rhinol. 2021, PMID 33275331; Kohler et al., Eur Respir J. 2007, PMID 18055705.

SECONDARY PAIRING