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Sample TDIU Medical Opinion Letter – Combined Physical Conditions

Total Disability Individual Unemployability – Combined Physical Disabilities – Records Review Only

February 18, 2026

Department of Veterans Affairs
Claims Intake Center
P.O. Box 4444
Janesville, WI 53547-4444

Re: Medical Opinion – Total Disability Individual Unemployability (TDIU) – Combined Physical Conditions
Records Review Only

Veteran: [Sample Veteran]
VA File Number: [Redacted]
Date of Birth: [Redacted]

To Whom It May Concern:

I am David Protaziuk, MSN, APRN, FNP-C, a board-certified Family Nurse Practitioner licensed to practice in the State of Illinois with Full Practice Authority. I have been practicing as an FNP for over 4 years, with extensive experience reviewing medical records and preparing independent medical opinions for VA disability claims. My opinions are independent, objective, and based solely on the medical evidence reviewed.

I have conducted a thorough review of the veteran's service treatment records (STRs), VA electronic health records, private post-service treatment notes, diagnostic imaging studies (MRI of the lumbar and cervical spine), electrodiagnostic testing (EMG and nerve conduction study), VA C&P; examination reports, VR&E; records, and prior VA rating decisions.

[Sample Veteran] served honorably in the United States Marine Corps from 1998 to 2018, with multiple combat deployments involving parachute operations, dismounted patrols under load, and vehicular incidents. The veteran is service-connected for the following conditions with a combined evaluation of 90 percent: lumbar degenerative disc disease with chronic strain (40%), cervical spine strain with radiculopathy (30%), bilateral lower extremity sciatic radiculopathy (20% each), bilateral knee osteoarthritis (20%), obstructive sleep apnea requiring CPAP (50%), and migraine headaches secondary to cervical spine (30%).

Documented clinical findings include: chronic axial low back pain rated 7–9/10 daily with radiation into the bilateral lower extremities; MRI-confirmed multilevel degenerative disc disease at L3–L4, L4–L5, and L5–S1 with central canal stenosis; EMG-confirmed bilateral L5–S1 radiculopathy with active denervation; chronic cervical pain with radiation into the left upper extremity; decreased grip strength bilaterally measured on validated hand dynamometry; bilateral knee crepitus, effusion, and radiographic Grade III osteoarthritis; antalgic gait requiring cane for ambulation exceeding 50 feet; sleep architecture severely disrupted despite compliant CPAP use with daytime hypersomnolence; documented chronic opioid analgesic therapy (extended-release morphine equivalent 90 MME daily) with associated cognitive slowing; and migraine attacks occurring 12–15 per month requiring darkened room isolation for 4–8 hours per episode.

The veteran has undergone extensive conservative and interventional treatment (physical therapy, epidural steroid injections, radiofrequency ablation, bilateral knee viscosupplementation) without meaningful and sustained functional improvement. Surgical intervention has been recommended for both the lumbar spine and bilateral knees; however, peri-operative risk given his obstructive sleep apnea and chronic opioid use presents significant concerns that have delayed surgical planning. VR&E; documentation shows failed return-to-work attempts in sedentary administrative roles due to inability to sit for prolonged periods, unpredictable migraine absenteeism, and cognitive slowing.

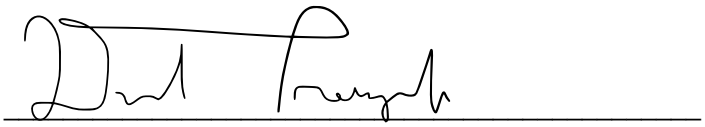
In my professional medical opinion, based on a thorough review of the records and my clinical expertise, [Sample Veteran]'s combined service-connected physical conditions, taken in their totality, are at least as likely as not (50 percent or greater probability) sufficient to render the veteran unable to secure and follow a substantially gainful occupation — whether sedentary, light, or medium exertional in nature — consistent with his education and prior work experience. This conclusion is rendered without consideration of age or non-service-connected conditions.

Rationale:

- Physically demanding employment is precluded by the veteran's multilevel lumbar disc disease, cervical radiculopathy, and bilateral knee osteoarthritis, which restrict sitting to 20–30 minutes uninterrupted, standing to 10–15 minutes uninterrupted, walking to 100–200 feet with assistive device, and lifting to less than 10 pounds occasionally, and preclude overhead reaching, bending, and stooping.
- Sedentary employment is also precluded by the combination of pain-interference impairment, cognitive slowing attributable to prescribed opioid therapy, and unpredictable migraine absenteeism of 12–15 days per month. Peer-reviewed literature demonstrates that chronic pain conditions at documented severity produce substantial lost productive time and functional impairment (Stewart et al., 2003).
- The synergistic effect of multiple concurrent service-connected conditions produces cumulative impairment greater than the sum of the individual disability ratings. No competitive employer would tolerate the combination of required position changes every 20–30 minutes, 12–15 unpredictable absences per month, medication-related cognitive slowing, and inability to lift more than 10 pounds.
- The veteran's failure at VR&E-supervised; return-to-work attempts in sedentary roles provides objective real-world evidence that maximum vocational accommodation is insufficient to overcome his functional limitations.
- No non-service-connected condition adequately accounts for the degree of occupational impairment observed. The progressive nature of the veteran's degenerative joint and disc disease, combined with his inability to tolerate anesthesia risk for corrective surgery, makes meaningful improvement in functional capacity unlikely within any relevant time horizon.

This opinion is rendered within a reasonable degree of medical certainty and probability, based solely on the evidence reviewed. This opinion constitutes competent medical evidence within the meaning of 38 CFR 3.159(a)(1); per the Court of Appeals for Veterans Claims in Nieves-Rodriguez v. Peake, 22 Vet. App. 295 (2008), the probative value of a medical opinion depends upon its underlying rationale rather than the professional title of the provider. Should additional clarification be required, please contact me at the above information.

Sincerely,



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