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January 22, 2024

**Confidential Work Product Report**

**Re:** V, Charles Case

Dear Charles Vi:

It has been a pleasure assisting you with your case. Please find below the Unsigned Confidential Work Product Report from the Expert.

To obtain the Name, CV, and/or a Signed Report of the Expert Witness, please refer to the Invoice sent to you via QuickBooks Online (QBO).

If you need additional work on this case from this Expert, contact our office for additional details.

**Thank you for the trust you have placed in American Medical Experts, LLC and allowing us to assist you with this case.**

Sincerely,

Omar Jamaleddine

American Medical Experts, LLC

BBB ACCREDITED BUSINESS

www.AmericanMedicalExperts.com

Direct line: 703-542-4911

888-678-EXPERTS

Corporate Fax: 757-986-1224

**Unsigned Draft Confidential Work Product | Expert Witness Report**

**\*\*\*Beginning of Opinion\*\*\***

January 9, 2024

Reference: Charles V

To Whom it May Concern:

I am Dr. Julie Keaveney, a board certified clinical neuropsychologist. My credentials are included. I have been asked to write a statement in support of this veteran Charles V’s claim.

I personally met with Mr. V and reviewed his medical history including his statement in support of his claim dated 12/11/23 and his VA mental health records indicating he is treated for unspecified anxiety disorder with CBT. Mr. V is currently service connected for tinnitus and headaches. I have also reviewed and have noted the circumstances and events of military service, which include service in the US Navy from November 2011 to September 2020.

I evaluated Mr. V on January 2, 2024, and diagnosed him with Unspecified Anxiety Disorder.

Mr. V is seeking secondary service connection for his anxiety due to tinnitus and tension headaches.

Mr. V reported his tinnitus started in 2018 while he was in service. He was service connected for tinnitus and tension headaches in 2020 and has reported amplified symptoms. He hears frequent ringing and words often sound muffled. When talking it makes him feel he sounds peculiar and feels self-conscious conversing at his job which requires communication. At work, sitting quietly he often notices the tinnitus. The headaches started in 2016 or 2017 and he was diagnosed and treated in service. Mr. V noted his anxiety started with chest pain in 2018. He had a chest Xray and saw a cardiologist but was told it was not cardiac and it was anxiety. He has a crippling feeling, a mental block, he cannot perform as well at work, and his thoughts spiral. His headaches and tinnitus amplify his anxiety. In June 2023, he had another chest X-ray and EKG because of chest pain that was diagnosed as noncardiac and was referred to consult with the VA mental health department. He does not feel depressed all the time but has situational depression when under stress. Anxiety impacts his life in all areas at different times. He feels like it is a “slow drain” on everything, and he feels overwhelmed. He also suffers from hip and back pain which affects his job too. He tends to worry and finds himself imagining the worst happening. He reported no trouble falling asleep. Usually, he stays asleep but can wake up and has a tough time resuming. He feels rested in the morning upon waking about half of the time. His motivation is low, and he must push himself to do things. His energy level is adequate. He denied thoughts of suicide.

He noted his relationships suffer due to his inability to be present. His relationships with coworkers feel disconnected to him. He avoids being around others in certain situations. However, he does not get into conflicts and denied anger issues or outbursts.

Mr. V is in therapy at the VA for CBT and sees Dr. Benson. He met with a few different counselors over the years through the VA and private practice. He is not taking any medications for his anxiety as he reports medications to cause amplified issues.

After a review of the pertinent records, it is my professional opinion that it is more likely than not that Mr. V’s unspecified anxiety disorder is secondary to his service-connected tinnitus and headaches. He had no mental health concerns prior to military service. The symptoms are consistent with a 50% rating of social and occupational impairment due to difficulty adapting to stressful circumstances, panic attacks less than once a week, disturbances of motivation and mood, difficulty with work and social relationships, depressed mood, anxiety, and mild chronic sleep disturbance.

**\*\*\*End of Opinion\*\*\***