

The complaint

Mrs T complains about Unum Ltd's decision to decline her claim for critical illness.

What happened

The history to this complaint is well known to the parties, so I won't repeat all the details here. In brief summary, Mrs T had critical illness cover with Unum, through her employer. Most unfortunately, in June 2023, she was diagnosed with Multiple Sclerosis (MS). Mrs T subsequently made a claim on her insurance. But Unum declined the claim, saying a policy exclusion applied, as Mrs T had been having ongoing investigations, prior to her joining the group insurance scheme in May 2023.

Mrs T complained, but Unum maintained its decision. So Mrs T came to the Financial Ombudsman Service. Our investigator didn't uphold her complaint, so Mrs T asked for an ombudsman to review everything and issue a final decision. Amongst other points, Mrs T argues that she was not being actively investigated for a critical illness and that to treat what was low-level clinical vigilance as ongoing investigations is unfair.

What I've decided – and why

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

Having done so, I'm not upholding this complaint. I recognise this will be unwelcome and disappointing news for Mrs T and I'm sorry about that – particularly as I appreciate Mrs T has been through a very difficult time of late and faces ongoing challenges. I'll explain my decision, focusing on the points and evidence I consider material to the outcome. The rules that govern the Financial Ombudsman Service - an informal dispute resolution service - allow me to do this. So, if I don't refer to a specific point or piece of evidence, it's not because I haven't read and thought about it. Rather, I don't think it changes things. I'm satisfied I don't need to comment on every individual point to be able to reach an outcome in line with my statutory remit. I should explain to Mrs T that given the nature of this complaint and my decision, it's been necessary to refer to and quote sensitive information.

Unum accepted that Mrs T's diagnosis met the policy definition for the critical illness condition of MS. However, Unum relied on the exclusion relating to ongoing investigations pre-dating scheme membership to decline Mrs T's claim. I've reviewed the terms of Mrs T's cover and can see the exclusion says:

No benefit will be paid for any medical condition or surgical procedure where the member was undergoing ongoing medical investigations or monitoring before the date of becoming a member, which led to the later diagnosis of a critical illness or related condition.

I've reviewed the medical evidence provided. From the records I'm satisfied that from at least early 2022 until her MS diagnosis, Mrs T was subject to ongoing medical investigations and monitoring for neurological symptoms. It's evident both in the GP record and clinic letters that MS was considered a potential cause. Test results didn't fulfil the diagnostic criteria for MS and further investigations were carried out, ultimately leading to Mrs T's MS diagnosis in June 23.

Mrs T was initially referred to ophthalmology in early 2022, after reporting eye pain. An MRI head scan was requested and Mrs T was referred to the neurology clinic. In a letter to her GP in June 2022, Consultant Neurologist, Dr M, notes the *diagnoses* as:

- *MRI head scan revealing nonspecific white matter T2 hyperintensities*
- *History over many years of varying symptomatology, not clinically diagnostic of demyelination*

She further says:

I explained that the MRI head scan changes, the clinical history and examination do not fulfil the diagnostic criteria for multiple sclerosis. Further imaging is required with an MRI head and cervicothoracic spinal cord with contrast, which I will request today to be performed urgently.

Depending on the outcome of this imaging, a lumbar puncture for CSF oligoclonal band test may be appropriate.

Further consideration, if there remains diagnostic ambiguity, is to request a visual evoked potential test given the history of left eye pain and blurred vision that prompted the MRI head scan.

Under a section entitled *opinion and management*, Dr M reiterates that the changes seen on the scan *do not fulfil diagnostic criteria for multiple sclerosis and further tests are required...to exclude this diagnosis.*

In July 2022, Dr M again wrote to Mrs T's GP, as follows:

The MRI head and cervicothoracic spinal cord has returned findings in keeping with the previous imaging. There are nonspecific foci of T2 hyperintensities with the white matter of the frontal and parietal lobes, but importantly sparing of the typical areas affected in demyelination... A further reassuring aspect is that there is no evidence of post contrast enhancement. There is no evidence of a spinal cord lesion. The imaging does not fulfil the diagnostic criteria for multiple sclerosis. I do not think that [Mrs T] requires any further investigation at this stage, but I will book her in for a telephone consultation and we can discuss this further.

The telephone consultation regarding the outcome of the MRI head and cervicothoracic cord scan took place in August 2022, with Dr M following up by letter to Mrs T's GP as follows:

We discussed that the changes seen on the MRI head scan are not entirely typical of demyelinating disease and have appearances more in keeping with micro ischaemia.

I have said to [Mrs T] that we will review her imaging further in the Neuroradiology Meeting and I will arrange an interval assessment in November or December 2022.

As planned, Dr M saw Mrs T in clinic in December 2022. She confirmed to Mrs T's GP that the plan from the scan review was as follows:

...to repeat the scan in January and then to hopefully be able to reassure her there has been no progression in the changes and discharge her from the Neurology Service.

[Mrs T] has not had any symptoms since I last saw her that are atypical [sic] of demyelination.

[N.B. the decision writer assumes this is a typographical error and should read 'typical'.]

Following the repeat scan, Dr M wrote to Mrs T's GP in April 2023. She explained the scan was of higher detail and quality than the previous imaging and thus not easily comparable to the previous scan. Dr M said:

3-dimensional FLAIR imaging shows the appearance of additional areas of signal change.

We have agreed to proceed to a lumbar puncture to look for further evidence of chronic neuroinflammation.

Post-lumbar puncture, Dr M wrote to Mrs T's GP in June 2023, saying:

I spoke to [Mrs T] on the phone today with her CSF result, which showed positive oligoclonal bands. In the context of probable progression in brain lesion number, both supra and infratentorial, and the history that she presents of neurological symptoms over the past several years, a diagnosis of multiple sclerosis has been made today.

I've also noted the April 2025 letter to Unum by Dr M, provided in connection with Mrs T's claim. The letter sets out the medical history from initial contact with ophthalmology to diagnosis. Dr M refers to Mrs T first attending her neurology clinic in June 2022, in connection with the initial scan results showing T2 hyperintensities. Dr M explains that Mrs T *was then serially monitored with MRI head scans over time to try to ascertain the relevance of these changes*. Dr M also states that prior to her MS diagnosis in June 2023, Mrs T had *understood her diagnosis to be one of cerebral small vessel disease/non-specific white matter lesions*.

I appreciate Mrs T feels strongly about this situation and likely will be very unhappy with my decision. But I'm satisfied Mrs T's medical history shows she was experiencing a range of neurological symptoms prior to joining the group insurance scheme, which resulted in a referral to neurology with her undergoing ongoing medical investigations and monitoring. These investigations led to Mrs T's later diagnosis of MS. Given the weight of medical evidence, I don't think Unum treated Mrs T unfairly by relying on the policy exclusion to decline her claim. So I'm not going to ask Unum to do anything more in respect of this complaint.

Finally, Mrs T has asked me to consider the impact Unum's decision has had on her personally. I don't doubt the significance of Unum's decision for Mrs T and her family. But I can only ask Unum to do something different if I think it did something wrong in the first place. And as I've explained above, I don't think that's the case here. Once again, I'm sorry this isn't the news Mrs T was hoping for.

My final decision

For the reasons given above, I do not uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs T to accept or reject my decision before 17 November 2025.

Jo Chilvers
Ombudsman