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September 30, 2026

SUBJECT: NEXUS LETTER FOR JOHN DOE — LUMBAR DEGENERATIVE DISC DISEASE

To Whom It May Concern,

I am writing to give my medical opinion on whether Mr. John Doe's lumbar degenerative disc disease is related to his active-duty service in the U.S. Army from June 10, 2008, to July 31, 2014. I reviewed the records listed below. I did not examine Mr. Doe in person; this opinion is based on his records. In summary, it is my opinion that his lumbar degenerative disc disease is at least as likely as not (a 50 percent or greater probability) caused by the injury to his lower back documented in his service treatment records in March 2010.

RECORDS REVIEWED

Medical records

• MRI of the lumbar spine without contrast (November 4, 2019)
• Primary care visits for low back pain (February 6, 2024, and March 5, 2025)

Service records

• Sick call note: low back injury after a fall from a vehicle (March 12, 2010)
• Follow-up visits for low back pain (April 2, 2010, and August 15, 2012)
• Report of Medical History at separation, DD Form 2807-1 (May 20, 2014)
• Certificate of Release or Discharge from Active Duty (July 31, 2014)

Statements

• The veteran's written statement about his back symptoms (January 15, 2025)

1. Lumbar degenerative disc disease (ICD-10: M51.360)

Mr. Doe has a current diagnosis of lumbar degenerative disc disease. His primary care physician recorded the diagnosis at his visit on February 6, 2024, based on his history, his examination and his MRI. The MRI of November 4, 2019, shows disc desiccation with a broad-based disc bulge at L4-L5 and disc desiccation at L5-S1, with no nerve root compression. The note of March 5, 2025, records ongoing low back pain with limited forward bending.

His service treatment records document an injury to his lower back during service. On March 12, 2010, he was seen at sick call after falling about six feet from a vehicle during a training exercise. The examiner recorded spasm and tenderness of the lumbar muscles, diagnosed a lumbar strain, and placed him on a 30-day physical profile. He was seen again for low back pain on April 2, 2010, and on August 15, 2012, when the note records pain after ruck marches. On his Report of Medical History at separation, dated May 20, 2014, he marked "recurrent back pain," and the examiner noted intermittent low back pain since the 2010 fall. His DD Form 214

lists his specialty as infantryman (11B), a job that involves carrying heavy loads over long distances.

A fall from a height places a sudden compressive and bending load on the lumbar spine. A load of this kind can damage the vertebral endplates and the annulus fibrosus, the tough outer wall of the disc. Adams and Roughley (2006) describe disc degeneration as a process that this kind of structural injury can start: once a disc is damaged, it tends to lose water and height over the following years. Repeated heavy loading, such as carrying a combat load, adds further stress to a disc that has already been injured.

I considered other causes. Imaging signs of disc degeneration are common in people without back pain, and they become more common with age (Brinjikji et al., 2015), so the MRI by itself does not show when or why the degeneration began. Age and genetics also contribute to disc degeneration (Adams and Roughley, 2006). The records show no injury to his back after service. After separation he worked in retail management, his body mass index at the 2024 visit was 26, and the same note records that he has never smoked. His written statement of January 15, 2025, describes back pain that began with the 2010 fall and has recurred since, which matches what his service treatment records document in 2010, 2012 and 2014. I found nothing in the records that points to another cause that is more likely than the injury in service.

In my medical opinion, it is at least as likely as not (a 50 percent or greater probability) that Mr. Doe's lumbar degenerative disc disease was caused by the injury to his lower back documented in service on March 12, 2010. I base this on four things. First, the injury was recorded when it happened, with objective findings on examination. Second, he was treated again for the same problem in 2010 and 2012 and reported it at separation in 2014. Third, the records show no later injury to his back. Fourth, structural injury to a disc is a recognized way that disc degeneration begins (Adams and Roughley, 2006), and his infantry duties placed repeated heavy loads on his spine after the injury.

This opinion addresses medical causation only. Whether service connection is granted is a decision for the Department of Veterans Affairs.

Thank you for considering this opinion.

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Dr. Jordan Sample
MD
Date: September 30, 2026

REFERENCES

1. Adams MA, Roughley PJ. What is intervertebral disc degeneration, and what causes it? Spine (Phila Pa 1976). 2006;31(18):2151-2161. PMID: 16915105.

2. Brinjikji W, Luetmer PH, Comstock B, et al. Systematic literature review of imaging features of spinal degeneration in asymptomatic populations. AJNR Am J Neuroradiol. 2015;36(4):811-816. PMID: 25430861.

ABOUT THE AUTHOR

Dr. Jordan Sample is a board-certified family medicine physician with 15 years of practice in primary care, including the evaluation and treatment of back and spine conditions. Dr. Sample reviews medical records and writes independent medical opinions for veterans.

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