For clinician review. Not a signed medical opinion. Evidence or review gaps remain; see the review notes. FICTIONAL EXAMPLE. Do not submit as evidence.

[CLINICIAN: letterhead: practice name, address, phone]

[CLINICIAN: date]

RE: **[VETERAN: full name]**, **[VETERAN: last four of SSN or VA file number]**

Medical nexus opinion: Lumbar spine condition and direct connection to in-service injury or repetitive stress

To whom it may concern:

I am a **[CLINICIAN: specialty and board certification]** physician licensed in **[CLINICIAN: state and license number]**. **[CLINICIAN: relationship to the veteran: treating since (date), or records review only]**. The requested opinion addresses whether the veteran's claimed lumbar spine condition was incurred in or caused by injury or repetitive stress during military service. My assessment includes a full review of the records identified below and the medical literature cited at the end of this letter. I have reviewed the records listed below in full, and I have reviewed the medical literature cited at the end of this letter.

Records reviewed

1. Patient message, dated December 8, 2025, page 1.

Pertinent history

The available materials do not document an in-service lumbar injury, back symptoms, repetitive lifting, heavy load carriage, prolonged loading, or another lumbar stressor. No service treatment record or service history was provided. No veteran statement describing an in-service event, the physical demands of military duties, or the onset of back symptoms during service was provided.

The available materials do not document the course of any lumbar symptoms after service. They contain no post-service examination, treatment record, imaging study, diagnostic assessment, or history describing continuity of back symptoms from service to the present. They also contain no information identifying or excluding an intervening back injury or other post-service cause.

In the December 8, 2025 patient message, the veteran reported that the back hurts when standing. The same message states that no diagnostic assessment, service treatment records, or clinician's opinion regarding causation had been supplied. It does not describe when the pain began, its anatomical location, its duration, associated symptoms, functional limitations other than pain with standing, or current treatment.

Current diagnosis

The available record does not establish a diagnosed lumbar spine condition. The December 8, 2025 patient message documents back pain with standing, but it contains no physical examination, imaging, diagnostic test, or clinical criteria establishing lumbar strain, degenerative arthritis, disc disease, or another lumbar diagnosis. The record does not state any current treatment. Back pain is a symptom and, by itself, does not identify the underlying anatomical condition or its cause.

Opinion

Based on the available record, it is less likely than not (less than a 50 percent probability) that the veteran's lumbar spine condition was incurred in or caused by an in-service injury or repetitive stress. The record is missing the facts necessary to support a direct nexus: an established current lumbar diagnosis, documentation or a detailed lay history of an in-service injury or repetitive lumbar stress, onset of symptoms in service, and a history showing continuity from service to the current complaint.

Rationale

Lifting, load carriage, asymmetric movement, and prolonged loading transmit compression and shear forces through the lumbar spine. Excessive or repeated loading can injure lumbar muscles, joints, discs, or supporting tissues. A direct causal inference is medically stronger when the record identifies the exposure, places symptom onset during or near that exposure, establishes the current pathology, documents a continuing clinical course, and addresses intervening injuries or other causes. The current record does not provide those veteran-specific facts.

Skals found that load mass had the most substantial effect on L5-S1 compression, that increasing asymmetry produced large increases in mediolateral shear, and that load mass and asymmetry significantly affected anteroposterior shear during lifting (Skals, 2021, PMID 34126573). This study supports the general biomechanical explanation that lifting variables affect lumbar loading, but the veteran's record does not document in-service lifting, load mass, lifting asymmetry, frequency, duration, symptoms during those activities, or an injury associated with them. The study therefore does not establish that this veteran experienced the exposure it examined.

Luoma found that occupational load affected the risk of lumbar disc degeneration, that carpenters and machine drivers had increased risks of different disc bulge patterns, and that back accidents and motor vehicle driving were associated with increased risk of disc degeneration (Luoma, 1998, PMID 9869307). That study addresses group-level associations involving documented occupational loads, accidents, driving, and MRI findings. The veteran's record contains no description of military occupational loading or a back accident and no MRI or other imaging establishing disc degeneration or a disc bulge. Its findings cannot connect an undocumented exposure to an undiagnosed current condition.

McGill reviewed the tissue loads involved in low back injury and identified spine posture and prolonged tissue loading as important considerations in injury avoidance and assessment (McGill, 1997, PMID 9109558). This literature provides a general framework for evaluating a claimed loading injury. The veteran's record does not describe the relevant posture, load, repetition, duration, or temporal relationship between military activity and symptoms, so that framework cannot be applied to establish individual causation here.

The only veteran-specific clinical fact is the report of back pain with standing in the December 8, 2025 patient message. That message does not place symptom onset during service, describe progression after service, identify a service-related mechanism, or establish current lumbar pathology. Pain with standing has no single anatomical or causal explanation. Without a diagnosis and a chronology linking the symptom to a documented in-service event or repetitive exposure, the general biomechanical literature does not establish a medical nexus.

The principal limitations are the absence of service treatment records or a detailed account of military exposures, the absence of a documented in-service onset, the absence of evidence regarding continuity, and the absence of a current diagnostic assessment. No competing post-service cause is documented, but the absence of a documented competing cause does not substitute for affirmative evidence of an in-service cause and a medically linked current disability. No prior medical nexus opinion was supplied. A favorable direct opinion would require evidence establishing the current lumbar diagnosis and evidence showing an in-service injury or repetitive stress with a clinically coherent onset and course, such as service records or a detailed and medically credible lay history supported by subsequent clinical findings.

Summary of the basis for this opinion

1. The available record does not establish a current lumbar spine diagnosis by examination, imaging, testing, or stated clinical criteria.
2. No service treatment record or detailed lay history documents an in-service lumbar injury, repetitive stress, heavy lifting, load carriage, or back symptoms.

3. The December 8, 2025 patient message documents back pain with standing but does not identify its onset, course, anatomical cause, or treatment.
4. The cited literature explains how documented loading can stress the lumbar spine, but the veteran's record does not establish the exposures or pathology examined in those studies.
5. The record does not document continuity from service, an intervening clinical course, or evidence permitting exclusion of post-service causes.

Conclusion

For these reasons, it is less likely than not (less than a 50 percent probability) that the veteran's lumbar spine condition was incurred in or caused by an in-service injury or repetitive stress. This conclusion is based on the absence of an established current lumbar diagnosis, an identified in-service event or exposure, and a documented temporal and clinical connection between service and the current complaint. I am available to provide further explanation if requested.

[CLINICIAN: signature]
[CLINICIAN: name and degree]
[CLINICIAN: specialty and board certification]
[CLINICIAN: state license number]
[CLINICIAN: practice address and phone]
Date: **[CLINICIAN: date]**
I have reviewed the records listed above.

Literature cited

1. Sebastian Skals, Rúni Bláfoss, Mark de Zee, et al. Effects of load mass and position on the dynamic loading of the knees, shoulders and lumbar spine during lifting: a musculoskeletal modelling approach. Applied ergonomics. 2021. PMID 34126573. https://pubmed.ncbi.nlm.nih.gov/34126573/
2. K Luoma, H Riihimäki, R Raininko, et al. Lumbar disc degeneration in relation to occupation. Scandinavian journal of work, environment & health. 1998. PMID 9869307. https://pubmed.ncbi.nlm.nih.gov/9869307/
3. S M McGill. The biomechanics of low back injury: implications on current practice in industry and the clinic. Journal of biomechanics. 1997. PMID 9109558. https://pubmed.ncbi.nlm.nih.gov/9109558/

Review notes for the practitioner

Supporting instructions outside the letter body.

Incomplete draft: further work needed

The letter is drafted but the checks above are unresolved. Use it to prepare; resolve the listed items before treating it as ready for a clinician's signature.

A source-excerpt-backed diagnosis record for clinician confirmation.

A source-excerpt-backed service event or selected primary-condition record.

Clinical statements written from general medical knowledge rather than a cited source. By signing, the clinician adopts these as their own:
- Back pain is a symptom and, by itself, does not identify the underlying anatomical condition or its cause.
- Lifting, load carriage, asymmetric movement, and prolonged loading transmit compression and shear forces through the lumbar spine.
- Excessive or repeated loading can injure lumbar muscles, joints, discs, or supporting tissues.
- A direct causal inference is medically stronger when the record identifies the exposure, places symptom onset during or near that exposure, establishes the current pathology, documents a continuing clinical course, and addresses intervening injuries or other causes.
- Pain with standing has no single anatomical or causal explanation.

FICTIONAL EXAMPLE. These invented records were processed through the Raven Nexus draft engine. No real veteran, clinician, or medical opinion is represented. Do not submit this example as evidence.

This is an unreviewed working draft, not medical evidence. The clinician must independently review the records and literature, reach their own conclusion, and author or adopt any final opinion.

Bold bracketed fields identify actions for the clinician. Review all drafted medical content, not only those fields. Correct, remove, or independently adopt the proposed reasoning before signing a final opinion. This packet does not verify a signature or make a draft ready to submit to VA.