

SAMPLE NEXUS LETTER :

MEDICAL OPINION

CONDITION(S) CONSIDERED

Cervical Myelopathy with Chronic Cervical Spine Degenerative Disease and Cervical Radiculopathy

CONTENTION

The Veteran contends that he sustained a neck injury during active military service in Vietnam following a fall from a military vehicle. He reports experiencing neck symptoms thereafter and seeking medical attention. Although service treatment records do not specifically document complaints of neck pain, the Veteran reports that his symptoms persisted following the injury and progressively worsened over time, ultimately resulting in cervical myelopathy.

THEORY OF ENTITLEMENT

Direct Service Connection

OPINION

It is at least as likely as not (50 percent probability or greater) that the Veteran's currently diagnosed cervical myelopathy and associated cervical spine pathology were incurred during military service and represent progression of neurological injury that was initially manifested during active duty.

RATIONALE

The claims file, service treatment records, lay statements, prior medical opinions, and post-service medical records were carefully reviewed.

The Veteran reports sustaining a fall from a military vehicle while serving in Vietnam. While previous opinions have focused on the absence of documented complaints of neck pain in the service treatment records, a comprehensive review of the records reveals a neurologic complaint that is highly significant and has not been adequately addressed in prior evaluations.

Service treatment records document an office visit during which the Veteran reported involuntary twitching of the muscles in his upper arms following exercise. No definitive diagnosis was rendered at that time, and conservative treatment consisting of rest was recommended.

This finding is clinically important because upper extremity muscle fasciculations are not a normal physiologic response to exercise and may represent evidence of nerve root irritation or spinal cord dysfunction. Importantly, neurologic manifestations of cervical spine injury may occur even in the absence of significant neck pain.

A common misconception is that cervical disc injury or nerve impingement must present primarily with neck pain. In reality, cervical nerve root compression and early spinal cord compromise may initially manifest through neurological symptoms such as muscle twitching, fasciculations, cramping, weakness, sensory disturbances, or altered reflexes. These symptoms may precede the development of chronic cervical pain by months or years.

Fasciculations occur when injured or irritated motor neurons discharge spontaneously. Such findings may be observed in patients with cervical disc herniation, cervical radiculopathy, spinal cord injury, and chronic nerve root compression. The Veteran's documented complaint of upper arm muscle twitching during active duty is therefore consistent with early neurologic manifestations of cervical nerve root irritation.

Furthermore, the pattern described in the service treatment records is consistent with what is now recognized as a cramp-fasciculation syndrome presentation. While this syndrome may have various etiologies, it is well recognized that chronic irritation of motor nerve pathways can produce muscle twitching and cramping long before more severe neurological deficits become apparent.

The Veteran's current diagnosis of cervical myelopathy represents advanced cervical spinal cord dysfunction. Cervical myelopathy is generally a progressive condition that develops over time as a result of chronic spinal cord compression and neurological compromise. The development of cervical myelopathy in this case is medically consistent with longstanding cervical pathology originating years earlier.

Of particular significance is the fact that the documented in-service symptom involved the upper extremities, which are anatomically supplied by cervical nerve roots and cervical spinal cord pathways. The location of the reported symptoms therefore directly corresponds to the region now affected by the Veteran's diagnosed cervical spine disease and myelopathy.

Although neck pain itself was not specifically documented during service, the absence of recorded pain does not exclude cervical injury. Neurologic manifestations often provide earlier and more objective evidence of cervical pathology than pain complaints alone. The documented upper extremity fasciculations constitute objective evidence that neurological dysfunction was already present during active duty.

The progression from early cervical nerve irritation to chronic cervical degenerative disease, radiculopathy, and ultimately cervical myelopathy is medically plausible and consistent with the natural history of untreated cervical spine injury and chronic neural compression.

DISCUSSION OF PRIOR NEGATIVE OPINIONS

This examiner respectfully disagrees with prior negative opinions that relied primarily upon the absence of documented neck pain during service.

Those opinions appear to assume that a cervical spine injury cannot be established without contemporaneous documentation of cervical pain. However, this approach does not adequately consider the neurological manifestations documented in the service treatment records.

The documented complaint of upper arm muscle twitching is anatomically and physiologically consistent with cervical nerve root irritation or early spinal cord involvement. Prior opinions did not adequately address the significance of this finding or its relationship to the Veteran's current cervical pathology.

Additionally, prior opinions appear to focus on the absence of a specific diagnosis during service rather than evaluating whether the documented symptoms represented early manifestations of a condition that was not fully recognized at the time. Modern understanding of cervical spine disease recognizes that neurological symptoms may precede overt neck pain and may precede diagnosis by many years.

Accordingly, this examiner finds that the documented in-service neurological symptoms provide objective evidence supporting onset of cervical pathology during active duty.

CONCLUSION

A comprehensive review of the record demonstrates that the Veteran exhibited documented neurological symptoms involving the upper extremities during active military service. These symptoms are medically consistent with cervical nerve root irritation and early spinal cord involvement, even in the absence of documented neck pain. The Veteran subsequently developed progressive cervical spine disease culminating in cervical myelopathy. Given the documented in-service neurological manifestations, the anatomical correlation between those symptoms and the currently affected cervical spinal segments, and the known progressive nature of cervical spinal cord disease, it is at least as likely as not (50 percent probability or greater) that the Veteran's current cervical myelopathy is related to the cervical injury sustained during military service.

SUPPORTING MEDICAL LITERATURE

McCartney S, Baskerville R, Blagg S, McCartney D. Cervical Radiculopathy and Cervical Myelopathy: Diagnosis and Management in Primary Care. *British Journal of General Practice*. 2018;68(666):44-46.

This review explains that cervical radiculopathy results from compression or irritation of the cervical nerve roots and may present with upper extremity pain, weakness, sensory loss, or motor findings, with or without associated neck pain. This supports the rationale that the Veteran's documented upper arm twitching during active duty may represent neurologic manifestation of cervical nerve root irritation even though neck pain was not specifically documented.

Nouri A, Tetreault L, Singh A, Karadimas SK, Fehlings MG. Degenerative Cervical Myelopathy: Epidemiology, Genetics, and Pathogenesis. *Spine*. 2015;40(12).

This review describes degenerative cervical myelopathy as a progressive disorder involving cervical spinal cord compression and neurologic deterioration over time. This supports the rationale that earlier cervical nerve/root irritation can progress over years to clinically significant cervical myelopathy.

Kang Y, Lee JW, Koh YH, Hur S, Kim SJ, Chai JW, Kang HS. New MRI Grading System for the Cervical Canal Stenosis. *American Journal of Roentgenology*. 2011;197(1).

This article supports the clinical importance of cervical canal stenosis and spinal cord compression in producing cervical myelopathy. It supports the rationale that structural cervical pathology may cause progressive neurologic impairment, including upper extremity manifestations.