Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Cervical Spine - Central Canal Stenosis

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 23 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 23 April 2025;
- A trauma admission and CT report by Role 3 hospital, Afghanistan, dated 1 July 2008;
- An MRI cervical spine by the radiologist, dated 3 July 2008;
- An operation report by the spinal surgeon, dated 15 July 2008;
- A microbiology and infectious diseases letter by the infectious diseases physician, dated 12 August 2008;
- A rheumatology consultation by the rheumatologist, dated 22 September 2008;
- A CT cervical spine by the radiologist, dated 1 February 2011;
- An endocrinology consultation by the endocrinologist, dated 6 June 2011;
- A CT and joint aspirate report by the rheumatologist, dated 19 March 2012;
- A bone scan and endocrinology letter by the endocrinologist, dated 14 November 2012;
- An outpatient health record by the medical officer, Base medical centre, dated 18 March 2013;
- An MRI cervical spine and surgical opinion by the spinal surgeon, dated 9 April 2013;
- An MRI cervical spine by the radiologist, dated 4 October 2017;
- An operation report by the spinal surgeon, dated 21 November 2017;
- Annual aircrew medical examinations by the 2002 to 2013, Aviation Medical Officer.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

14 February 1983 and 30 June 2016

Cervical Spine - Central Canal Stenosis

You have stated that your condition was caused by:

- *having an inflammatory joint disease from the specified list of inflammatory joint diseases, in the cervical spine before the clinical onset of cervical spondylosis*
- *having non-viral infection of the affected joint, resulting in inflammation within that joint, at least 6 months before the clinical onset of cervical spondylosis*
- *having an intra-articular fracture of the spine, at the level of, or adjacent to, the affected joint, at least 6 months before the clinical onset of cervical spondylosis*
- *having a spinal condition from the specified list of spinal conditions, affecting the cervical spine for at least the 6 months before the clinical onset of cervical spondylosis*
- *having undergone a spinal fusion, immediately above or below the affected joint, at least 6 months before the clinical onset of cervical spondylosis*
- *having a depositional joint disease from the specified list of depositional joint diseases, in the cervical spine before the clinical onset of cervical spondylosis*
- *having trauma to the cervical spine at least 6 months before the clinical onset of cervical spondylosis, and where the trauma to the cervical spine occurred within the 20 years before the clinical onset of cervical spondylosis*
- *having a penetrating injury to an intervertebral disc before the clinical onset of cervical spondylosis at the level of, or adjacent to, the intervertebral disc injury*
- *having a cervical intervertebral disc prolapse at least 6 months before the clinical onset of cervical spondylosis at the level of the intervertebral disc prolapse*
- *carrying loads of at least 25 kilograms on the head while upright to a cumulative total of at least 5,000 hours within any 10 year period before the clinical onset of cervical spondylosis, and where the clinical onset of cervical spondylosis occurred within the 25 years following that period*
- *flying in high performance aircraft for a cumulative total of at least 1,000 hours within the 25 years before the clinical onset of cervical spondylosis*
- *piloting a helicopter for a cumulative total of at least 1,000 hours within the 25 years before the clinical onset of cervical spondylosis*
- *being obese for at least 10 years within the 25 years before the clinical onset of cervical spondylosis*
- *having acromegaly involving the cervical spine before the clinical onset of cervical spondylosis*
- *having Paget's disease of bone involving the cervical spine before the clinical onset of cervical spondylosis*

Diagnosis: Central Canal Stenosis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 23 April 2025, and is supported by an MRI cervical spine and surgical opinion by the spinal surgeon, dated 9 April 2013.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Cervical Spondylosis (Balance of Probabilities) (No. 12 of 2023)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having an inflammatory joint disease from the specified list of inflammatory joint diseases, in the cervical spine before the clinical onset of cervical spondylosis*
- *having non-viral infection of the affected joint, resulting in inflammation within that joint, at least 6 months before the clinical onset of cervical spondylosis*
- *having an intra-articular fracture of the spine, at the level of, or adjacent to, the affected joint, at least 6 months before the clinical onset of cervical spondylosis*
- *having a spinal condition from the specified list of spinal conditions, affecting the cervical spine for at least the 6 months before the clinical onset of cervical spondylosis*
- *having undergone a spinal fusion, immediately above or below the affected joint, at least 6 months before the clinical onset of cervical spondylosis*
- *having a depositional joint disease from the specified list of depositional joint diseases, in the cervical spine before the clinical onset of cervical spondylosis*
- *having trauma to the cervical spine at least 6 months before the clinical onset of cervical spondylosis, and where the trauma to the cervical spine occurred within the 20 years before the clinical onset of cervical spondylosis*
- *having a penetrating injury to an intervertebral disc before the clinical onset of cervical spondylosis at the level of, or adjacent to, the intervertebral disc injury*
- *having a cervical intervertebral disc prolapse at least 6 months before the clinical onset of cervical spondylosis at the level of the intervertebral disc prolapse*
- *carrying loads of at least 25 kilograms on the head while upright to a cumulative total of at least 5,000 hours within any 10 year period before the clinical onset of cervical spondylosis, and where the clinical onset of cervical spondylosis occurred within the 25 years following that period*
- *flying in high performance aircraft for a cumulative total of at least 1,000 hours within the 25 years before the clinical onset of cervical spondylosis*
- *piloting a helicopter for a cumulative total of at least 1,000 hours within the 25 years before the clinical onset of cervical spondylosis*
- *being obese for at least 10 years within the 25 years before the clinical onset of cervical spondylosis*

- *having acromegaly involving the cervical spine before the clinical onset of cervical spondylosis*
- *having Paget's disease of bone involving the cervical spine before the clinical onset of cervical spondylosis*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with neck pain and stiffness, occipital headaches and intermittent tingling in both hands, with reduced neck extension on 18 March 2013.

The diagnosis was confirmed on MRI on 9 April 2013, which showed C5/6 disc degeneration with a disc-osteophyte complex, facet and ligamentum flavum hypertrophy and moderate central canal stenosis with an AP diameter of 8.5 mm. This meets the Statement of Principles definition of cervical spondylosis, and the stenosis is a recognised associated feature.

This has then led to further investigations and the diagnosis of your condition of *Central Canal Stenosis*. I have accepted your condition of *Central Canal Stenosis*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that this condition is related to your peacetime service.

I have therefore accepted that this condition is related to your service with effect from 11 March 2013.

Cervical Spine - Central Canal Stenosis (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 23 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 23 April 2025;
- A trauma admission and CT report by Role 3 hospital, Afghanistan, dated 1 July 2008;
- An MRI cervical spine by the radiologist, dated 3 July 2008;
- An operation report by the spinal surgeon, dated 15 July 2008;
- A microbiology and infectious diseases letter by the infectious diseases physician, dated 12 August 2008;
- A rheumatology consultation by the rheumatologist, dated 22 September 2008;
- A CT cervical spine by the radiologist, dated 1 February 2011;
- An endocrinology consultation by the endocrinologist, dated 6 June 2011;
- A CT and joint aspirate report by the rheumatologist, dated 19 March 2012;
- A bone scan and endocrinology letter by the endocrinologist, dated 14 November 2012;
- An outpatient health record by the medical officer, Base medical centre, dated 18 March 2013;
- An MRI cervical spine and surgical opinion by the spinal surgeon, dated 9 April 2013;
- An MRI cervical spine by the radiologist, dated 4 October 2017;
- An operation report by the spinal surgeon, dated 21 November 2017;
- Annual aircrew medical examinations by the 2002 to 2013, Aviation Medical Officer.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

14 February 1983 and 30 June 2016

Cervical Spine - Central Canal Stenosis (Worsening)

You have stated that the worsening of your condition was caused by:

- *having an inflammatory joint disease from the specified list of inflammatory joint diseases, in the cervical spine before the clinical worsening of cervical spondylosis*
- *having non-viral infection of the affected joint, resulting in inflammation within that joint, at least 6 months before the clinical worsening of cervical spondylosis*
- *having an intra-articular fracture of the spine, at the level of, or adjacent to, the affected joint, at least 6 months before the clinical worsening of cervical spondylosis*
- *having a spinal condition from the specified list of spinal conditions, affecting the cervical spine for at least the 6 months before the clinical worsening of cervical spondylosis*
- *having undergone a spinal fusion, immediately above or below the affected joint, at least 6 months before the clinical worsening of cervical spondylosis*
- *having a depositional joint disease from the specified list of depositional joint diseases, in the cervical spine before the clinical worsening of cervical spondylosis*
- *having trauma to the cervical spine at least 6 months before the clinical worsening of cervical spondylosis, and where the trauma to the cervical spine occurred within the 20 years before the clinical worsening of cervical spondylosis*
- *having a penetrating injury to an intervertebral disc before the clinical worsening of cervical spondylosis at the level of, or adjacent to, the intervertebral disc injury*
- *having a cervical intervertebral disc prolapse at least 6 months before the clinical worsening of cervical spondylosis at the level of the intervertebral disc prolapse*
- *carrying loads of at least 25 kilograms on the head while upright to a cumulative total of at least 5,000 hours within any 10 year period before the clinical worsening of cervical spondylosis, and where the clinical worsening of cervical spondylosis occurred within the 25 years following that period*
- *flying in high performance aircraft for a cumulative total of at least 1,000 hours within the 25 years before the clinical worsening of cervical spondylosis*
- *piloting a helicopter for a cumulative total of at least 1,000 hours within the 25 years before the clinical worsening of cervical spondylosis*
- *being obese for at least 10 years within the 25 years before the clinical worsening of cervical spondylosis*
- *having acromegaly involving the cervical spine before the clinical worsening of cervical spondylosis*
- *having Paget's disease of bone involving the cervical spine before the clinical worsening of cervical spondylosis*
- *inability to obtain appropriate clinical management for cervical spondylosis*

Diagnosis: Central Canal Stenosis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 23 April 2025, and is supported by an MRI cervical spine and surgical opinion by the spinal surgeon, dated 9 April 2013.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Cervical Spondylosis (Balance of Probabilities) (No. 12 of 2023)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having an inflammatory joint disease from the specified list of inflammatory joint diseases, in the cervical spine before the clinical worsening of cervical spondylosis*
- *having non-viral infection of the affected joint, resulting in inflammation within that joint, at least 6 months before the clinical worsening of cervical spondylosis*
- *having an intra-articular fracture of the spine, at the level of, or adjacent to, the affected joint, at least 6 months before the clinical worsening of cervical spondylosis*
- *having a spinal condition from the specified list of spinal conditions, affecting the cervical spine for at least the 6 months before the clinical worsening of cervical spondylosis*
- *having undergone a spinal fusion, immediately above or below the affected joint, at least 6 months before the clinical worsening of cervical spondylosis*
- *having a depositional joint disease from the specified list of depositional joint diseases, in the cervical spine before the clinical worsening of cervical spondylosis*
- *having trauma to the cervical spine at least 6 months before the clinical worsening of cervical spondylosis, and where the trauma to the cervical spine occurred within the 20 years before the clinical worsening of cervical spondylosis*
- *having a penetrating injury to an intervertebral disc before the clinical worsening of cervical spondylosis at the level of, or adjacent to, the intervertebral disc injury*
- *having a cervical intervertebral disc prolapse at least 6 months before the clinical worsening of cervical spondylosis at the level of the intervertebral disc prolapse*
- *carrying loads of at least 25 kilograms on the head while upright to a cumulative total of at least 5,000 hours within any 10 year period before the clinical worsening of cervical spondylosis, and where the clinical worsening of cervical spondylosis occurred within the 25 years following that period*
- *flying in high performance aircraft for a cumulative total of at least 1,000 hours within the 25 years before the clinical worsening of cervical spondylosis*
- *piloting a helicopter for a cumulative total of at least 1,000 hours within the 25 years before the clinical worsening of cervical spondylosis*
- *being obese for at least 10 years within the 25 years before the clinical worsening of cervical spondylosis*
- *having acromegaly involving the cervical spine before the clinical worsening of cervical spondylosis*

- *having Paget's disease of bone involving the cervical spine before the clinical worsening of cervical spondylosis*
- *inability to obtain appropriate clinical management for cervical spondylosis*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with neck pain and stiffness, occipital headaches and intermittent tingling in both hands, with reduced neck extension on 18 March 2013.

The diagnosis was confirmed on MRI on 9 April 2013, which showed C5/6 disc degeneration with a disc-osteophyte complex, facet and ligamentum flavum hypertrophy and moderate central canal stenosis with an AP diameter of 8.5 mm. This meets the Statement of Principles definition of cervical spondylosis, and the stenosis is a recognised associated feature.

After the condition arose, it was worsened during your service. Reactive arthritis with cervical involvement, with flares in 2015 and 2016 requiring sulfasalazine, was present before the worsening on 4 October 2017. The septic arthritis of the C5/6 facet joint in August 2008 was more than 9 years before the worsening on 4 October 2017. The intra-articular C5/6 facet fracture of 2008 was more than 6 months before the worsening on 4 October 2017. The C6 wedge deformity and C5/6 spondylolisthesis, which had progressed to 4 mm by 2017, affected the cervical spine throughout the 6 months before the worsening, from 4 April 2017 to 4 October 2017. The C6/7 fusion of July 2008, immediately below the affected joint, was more than 6 months before the worsening on 4 October 2017. Calcium pyrophosphate deposition in the cervical spine persisted and was present before the worsening on 4 October 2017. The neck trauma of June 2008 was more than 6 months before the worsening and within the 20 years before it, which run from 4 October 1997 to 4 October 2017. The penetrating fragment injury to the C5/6 disc in 2008 preceded the worsening on 4 October 2017, at the same level. The C5/6 disc prolapse of 2008 was more than 6 months before the worsening, at the same level. The more than 5,000 hours of head-carrying of 25 to 40 kilogram loads between 1983 and 1993 preceded the worsening on 4 October 2017, which occurred within the 25 years following that period. The 1,080 F/A-18 hours of 1996 to 2004 fell within the 25 years before the worsening on 4 October 2017. Your 1,350 helicopter piloting hours from 2005 to 2012 fell within the 25 years before the worsening. You remained obese (BMI 34.1 in 2017) from 2002 to the worsening, more than 10 years within the 25 years before it. Acromegaly, incompletely controlled after surgery, continued to involve the cervical spine before the worsening on 4 October 2017. Paget's disease involving C6 and C7 persisted, with rising alkaline phosphatase in 2017, before the worsening on 4 October 2017. After onset you were referred to a spinal surgeon on 9 April 2013, but the appointment was not available for 14 months, and decompression recommended in June 2014 was deferred for operational and administrative reasons until after the worsening.

This has then led to further investigations and the diagnosis of your condition of *Central Canal Stenosis (Worsening)*. I have accepted your condition of *Central Canal Stenosis (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that the worsening of this condition is related to your peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 9 April 2013.

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.