# 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 - Cervical Radiculopathy

### 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 7 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 May 2025;
- A pre-deployment medical examination by the medical officer, Army aviation regiment, dated 15 January 2010;
- A trauma admission and CT report by Role 3 hospital, Afghanistan, dated 14 June 2010;
- An MRI cervical spine and neurosurgical consultation by the neurosurgeon, dated 16 June 2010;
- An operation report and microbiology by the neurosurgeon, dated 17 June 2010;
- Nerve conduction studies and electromyography by the neurologist, dated 22 July 2010;
- An outpatient health record by the medical officer, Base medical centre, dated 12 March 2012;
- An emergency record and CT-guided aspiration by Role 3 hospital, Afghanistan, dated 18 August 2013;
- An MRI cervical spine by the radiologist, dated 20 August 2013;
- An operation report by the spinal surgeon, dated 2 September 2013;
- Flying logbook summaries by the 1990 to 2013, Flight records.

### Your service

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

13 January 1986 and 9 October 2015

# Cervical Spine - Cervical Radiculopathy

You have stated that your condition was caused by:

- *having trauma to the affected intervertebral disc within the 24 hours before the clinical onset of cervical intervertebral disc prolapse*
- *having a penetrating injury to the affected intervertebral disc or adjacent vertebral body, within the 24 hours before the clinical onset of cervical intervertebral disc prolapse*
- *flying in high performance aircraft for a cumulative total of at least 500 hours within any 10 year period before the clinical onset of cervical intervertebral disc prolapse*
- *flying in a helicopter as operational aircrew, for a cumulative total of at least 2,500 hours within the 10 years before the clinical onset of cervical intervertebral disc prolapse*
- *having smoked tobacco products in an amount of at least 5 pack-years before the clinical onset of cervical intervertebral disc prolapse, and if smoking has ceased before the clinical onset of cervical intervertebral disc prolapse, then that onset occurred within 5 years of cessation*
- *having bacterial infection of the affected disc at the time of the clinical onset of cervical intervertebral disc prolapse*

**Diagnosis:** Cervical Radiculopathy

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 May 2025, and is supported by an MRI cervical spine and neurosurgical consultation by the neurosurgeon, dated 16 June 2010.

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 Intervertebral Disc Prolapse (Reasonable Hypothesis) (No. 66 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 trauma to the affected intervertebral disc within the 24 hours before the clinical onset of cervical intervertebral disc prolapse*
- *having a penetrating injury to the affected intervertebral disc or adjacent vertebral body, within the 24 hours before the clinical onset of cervical intervertebral disc prolapse*
- *flying in high performance aircraft for a cumulative total of at least 500 hours within any 10 year period before the clinical onset of cervical intervertebral disc prolapse*
- *flying in a helicopter as operational aircrew, for a cumulative total of at least 2,500 hours within the 10 years before the clinical onset of cervical intervertebral disc prolapse*

- *having smoked tobacco products in an amount of at least 5 pack-years before the clinical onset of cervical intervertebral disc prolapse, and if smoking has ceased before the clinical onset of cervical intervertebral disc prolapse, then that onset occurred within 5 years of cessation*
- *having bacterial infection of the affected disc at the time of the clinical onset of cervical intervertebral disc prolapse*

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 with severe left arm pain radiating along the lateral forearm into the thumb and index finger, paraesthesia in the same distribution, and weakness of elbow flexion and wrist extension on 14 June 2010.

The diagnosis was confirmed on MRI on 16 June 2010, which showed a left posterolateral C5/6 disc extrusion compressing the exiting C6 nerve root, together with clinical signs of C6 root compression: weakness of elbow flexion and wrist extension, a reduced biceps reflex and sensory loss over the thumb. This meets the Statement of Principles requirement for clinical manifestations of nerve root compression with imaging evidence of disc prolapse into the vertebral canal.

This has then led to further investigations and the diagnosis of your condition of *Cervical Radiculopathy*. I have accepted your condition of *Cervical Radiculopathy*.

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 wartime service.

I have therefore accepted that this condition is related to your service with effect from 14 June 2010.

# Cervical Spine - Cervical Radiculopathy (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 7 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 May 2025;
- A pre-deployment medical examination by the medical officer, Army aviation regiment, dated 15 January 2010;
- A trauma admission and CT report by Role 3 hospital, Afghanistan, dated 14 June 2010;
- An MRI cervical spine and neurosurgical consultation by the neurosurgeon, dated 16 June 2010;
- An operation report and microbiology by the neurosurgeon, dated 17 June 2010;
- Nerve conduction studies and electromyography by the neurologist, dated 22 July 2010;
- An outpatient health record by the medical officer, Base medical centre, dated 12 March 2012;
- An emergency record and CT-guided aspiration by Role 3 hospital, Afghanistan, dated 18 August 2013;
- An MRI cervical spine by the radiologist, dated 20 August 2013;
- An operation report by the spinal surgeon, dated 2 September 2013;
- Flying logbook summaries by the 1990 to 2013, Flight records.

## Your service

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

13 January 1986 and 9 October 2015

## Cervical Spine - Cervical Radiculopathy (Worsening)

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

- *having trauma to the affected intervertebral disc within the 24 hours before the clinical worsening of cervical intervertebral disc prolapse*
- *having a penetrating injury to the affected intervertebral disc or adjacent vertebral body, within the 24 hours before the clinical worsening of cervical intervertebral disc prolapse*

- *flying in high performance aircraft for a cumulative total of at least 500 hours within any 10 year period before the clinical worsening of cervical intervertebral disc prolapse*
- *flying in a helicopter as operational aircrew, for a cumulative total of at least 2,500 hours within the 10 years before the clinical worsening of cervical intervertebral disc prolapse*
- *having smoked tobacco products in an amount of at least 5 pack-years before the clinical worsening of cervical intervertebral disc prolapse, and if smoking has ceased before the clinical worsening of cervical intervertebral disc prolapse, then that worsening occurred within 5 years of cessation*
- *having bacterial infection of the affected disc at the time of the clinical worsening of cervical intervertebral disc prolapse*
- *inability to obtain appropriate clinical management for cervical intervertebral disc prolapse before the clinical worsening of cervical intervertebral disc prolapse*

**Diagnosis:** Cervical Radiculopathy (Worsening)

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 May 2025, and is supported by an MRI cervical spine and neurosurgical consultation by the neurosurgeon, dated 16 June 2010.

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 Intervertebral Disc Prolapse (Reasonable Hypothesis) (No. 66 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 trauma to the affected intervertebral disc within the 24 hours before the clinical worsening of cervical intervertebral disc prolapse*
- *having a penetrating injury to the affected intervertebral disc or adjacent vertebral body, within the 24 hours before the clinical worsening of cervical intervertebral disc prolapse*
- *flying in high performance aircraft for a cumulative total of at least 500 hours within any 10 year period before the clinical worsening of cervical intervertebral disc prolapse*
- *flying in a helicopter as operational aircrew, for a cumulative total of at least 2,500 hours within the 10 years before the clinical worsening of cervical intervertebral disc prolapse*
- *having smoked tobacco products in an amount of at least 5 pack-years before the clinical worsening of cervical intervertebral disc prolapse, and if smoking has ceased before the clinical worsening of cervical intervertebral disc prolapse, then that worsening occurred within 5 years of cessation*
- *having bacterial infection of the affected disc at the time of the clinical worsening of cervical intervertebral disc prolapse*

- *inability to obtain appropriate clinical management for cervical intervertebral disc prolapse before the clinical worsening of cervical intervertebral disc prolapse*

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 with severe left arm pain radiating along the lateral forearm into the thumb and index finger, paraesthesia in the same distribution, and weakness of elbow flexion and wrist extension on 14 June 2010.

The diagnosis was confirmed on MRI on 16 June 2010, which showed a left posterolateral C5/6 disc extrusion compressing the exiting C6 nerve root, together with clinical signs of C6 root compression: weakness of elbow flexion and wrist extension, a reduced biceps reflex and sensory loss over the thumb. This meets the Statement of Principles requirement for clinical manifestations of nerve root compression with imaging evidence of disc prolapse into the vertebral canal.

After the condition arose, it was worsened during your service. The heavy landing in a brownout on 17 August 2013, on warlike service in Afghanistan, caused persisting neck pain and restricted movement and preceded the worsening by less than 24 hours. The CT-guided needle aspiration of the C5/6 disc at the role 3 hospital in Afghanistan on 18 August 2013 was a penetrating injury to the affected disc about five hours before the worsening. The 1,240 hours of F/A-18 flying between 1990 and 1999 exceed 500 hours within a 10 year period before the worsening. You logged 5,620 hours as helicopter aircrew in the 10 years before the worsening, including warlike deployments to Afghanistan in 2006, 2008, 2010 and 2013. The worsening on 18 August 2013 followed 24 pack-years of smoking and was within 5 years of cessation on 1 January 2009. Recurrent Staphylococcus aureus discitis, grown from the aspirate taken in Afghanistan on 18 August 2013, was present at the worsening. During warlike service in Afghanistan from 18 to 21 August 2013 a dust storm prevented evacuation for MRI and decompression, and the 2012 follow-up MRI had been missed because of waiting lists.

This has then led to further investigations and the diagnosis of your condition of *Cervical Radiculopathy (Worsening)*. I have accepted your condition of *Cervical Radiculopathy (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 wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 18 August 2013.

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