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 Spondylosis

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 19 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 19 May 2025;
- A post-release medical examination by the medical officer, Somalia, dated 13 March 1993;
- A trauma admission and CT report by Role 3 hospital, Iraq, dated 17 April 2003;
- An MRI cervical spine by the radiologist, dated 9 September 2003;
- An operation report by the neurosurgeon, dated 21 October 2003;
- An MRI and microbiology report by the radiologist and infectious diseases physician, dated 3 March 2004;
- A rheumatology consultation by the rheumatologist, dated 18 June 2008;
- A dual-energy CT report by the radiologist, dated 15 November 2012;
- An endocrinology consultation by the endocrinologist, dated 22 August 2013;
- A bone scan report by the nuclear medicine physician, dated 20 May 2014;
- An aircrew medical examination by the medical officer, RAAF base, dated 15 March 2016;
- An outpatient health record by the medical officer, Base health centre, dated 14 July 2016;
- An X-ray and MRI cervical spine by the radiologist, dated 4 August 2016;
- A specialist consultation by the neurosurgeon, dated 30 September 2016;
- An MRI cervical spine by the radiologist, dated 10 September 2019.

Your service

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

14 March 1988 and 30 June 2021

Cervical Spine - Cervical Spondylosis

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: Cervical Spondylosis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 19 May 2025, and is supported by an X-ray and MRI cervical spine by the radiologist, dated 4 August 2016.

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 constant axial neck pain, morning stiffness, crepitus and reduced rotation that limited your ability to check behind you while driving on 14 July 2016.

The diagnosis was confirmed by plain radiographs and MRI on 4 August 2016, which showed C5/6 disc space narrowing with anterior and posterior osteophytes and bilateral facet arthropathy, with early similar change at C4/5. This is imaging confirmation of degenerative change of the cervical discs and joints as defined in the Statement of Principles.

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

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 30 June 2016.

Cervical Spine - Cervical Spondylosis (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 19 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 19 May 2025;
- A post-release medical examination by the medical officer, Somalia, dated 13 March 1993;
- A trauma admission and CT report by Role 3 hospital, Iraq, dated 17 April 2003;
- An MRI cervical spine by the radiologist, dated 9 September 2003;
- An operation report by the neurosurgeon, dated 21 October 2003;
- An MRI and microbiology report by the radiologist and infectious diseases physician, dated 3 March 2004;
- A rheumatology consultation by the rheumatologist, dated 18 June 2008;
- A dual-energy CT report by the radiologist, dated 15 November 2012;
- An endocrinology consultation by the endocrinologist, dated 22 August 2013;
- A bone scan report by the nuclear medicine physician, dated 20 May 2014;
- An aircrew medical examination by the medical officer, RAAF base, dated 15 March 2016;
- An outpatient health record by the medical officer, Base health centre, dated 14 July 2016;
- An X-ray and MRI cervical spine by the radiologist, dated 4 August 2016;
- A specialist consultation by the neurosurgeon, dated 30 September 2016;
- An MRI cervical spine by the radiologist, dated 10 September 2019.

Your service

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

14 March 1988 and 30 June 2021

Cervical Spine - Cervical Spondylosis (Worsening)

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

- *being a prisoner of war before the clinical worsening of cervical spondylosis*

- *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 15 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*
- *carrying a large bulky load of at least 15 kilograms positioned between the neck and shoulder to a cumulative total of at least 5,000 hours within any 10 year period before the clinical worsening of cervical spondylosis*
- *flying in high performance aircraft for a cumulative total of at least 500 hours within the 25 years before the clinical worsening of cervical spondylosis*
- *piloting a helicopter for a cumulative total of at least 500 hours within the 25 years before the clinical worsening of cervical spondylosis*
- *being obese for at least 10 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: Cervical Spondylosis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 19 May 2025, and is supported by an X-ray and MRI cervical spine by the radiologist, dated 4 August 2016.

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 (Reasonable Hypothesis) (No. 11 of 2023)

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

I am satisfied that you have met the following factor:

- *being a prisoner of war before the clinical worsening of cervical spondylosis*
- *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 15 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*
- *carrying a large bulky load of at least 15 kilograms positioned between the neck and shoulder to a cumulative total of at least 5,000 hours within any 10 year period before the clinical worsening of cervical spondylosis*
- *flying in high performance aircraft for a cumulative total of at least 500 hours within the 25 years before the clinical worsening of cervical spondylosis*
- *piloting a helicopter for a cumulative total of at least 500 hours within the 25 years before the clinical worsening of cervical spondylosis*
- *being obese for at least 10 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 constant axial neck pain, morning stiffness, crepitus and reduced rotation that limited your ability to check behind you while driving on 14 July 2016.

The diagnosis was confirmed by plain radiographs and MRI on 4 August 2016, which showed C5/6 disc space narrowing with anterior and posterior osteophytes and bilateral facet arthropathy, with early similar change at C4/5. This is imaging confirmation of degenerative change of the cervical discs and joints as defined in the Statement of Principles.

After the condition arose, it was worsened during your service. Your captivity during warlike service in Somalia in 1993 preceded the worsening that began on warlike service in the Middle East on 12 June 2019. Psoriatic arthritis involving the cervical spine was active before the worsening, and methotrexate lapsed during warlike service in the Middle East in 2019. The septic C5/6 facet arthritis of March 2004, which followed treatment of your warlike service injury, occurred more than 6 months before the worsening on warlike service in 2019. The intra-articular C5/6 facet fracture from the 2003 ejection on warlike service preceded the worsening by more than 16 years. The C7 wedge deformity from your warlike service injury affected the cervical spine throughout the 6 months before the worsening on 12 June 2019. The C6/7 fusion performed in 2003 for your warlike service injury was in place more than 6 months before the worsening at the adjacent C5/6 level. Gout with cervical urate deposits, which began on warlike service in 2003, was present before the worsening on warlike service in the Middle East in 2019. The ejection trauma of 17 April 2003 on warlike service occurred more than 6 months before the worsening and within the 20 years before it. The needle penetration of the C5/6 disc in 2004, performed for your warlike service injury, preceded the worsening at that level. The C5/6 disc prolapse caused by the ejection on warlike service in 2003 preceded the worsening at the same level by more than 15 years. The 5,600 hours of head-borne loads between 1988 and 1996, including the hours on warlike service in Somalia, fell within a 10 year period before the worsening. The 5,200 hours of bulky neck and shoulder loads between 1988 and 1996, including those on warlike service in Somalia, fell within a 10 year period before the worsening. The 1,280 hours of fast jet flying, including combat hours on warlike service over Iraq, fell within the 25 years before the worsening. The 1,150 hours of helicopter piloting between 2006 and 2015 fell within the 25 years before the worsening. You had been obese for more than 15 years before the worsening, the obesity arising from inactivity after your warlike service injury. Acromegaly involving the cervical spine was present before the worsening on warlike service in 2019, with IGF-1 persistently raised. Paget's disease of the C5 vertebra was present before the worsening on warlike service in 2019. During warlike service in the Middle East from June to August 2019

you could not obtain imaging, physiotherapy or specialist review and your methotrexate lapsed, and the spondylosis progressed with new foraminal stenosis before you could be assessed.

This has then led to further investigations and the diagnosis of your condition of *Cervical Spondylosis (Worsening)*. I have accepted your condition of *Cervical Spondylosis (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 12 June 2019.

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.