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 - Intervertebral Disc Prolapse

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 6 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 6 August 2025;
- A flying logbook summary by the fighter squadron, dated 15 May 2003;
- An annual aircrew medical by the medical officer (aviation medicine), dated 2 August 2013;
- A trauma admission and CT cervical spine report by Role 3 hospital, Afghanistan, dated 18 September 2013;
- An MRI cervical spine report by the radiologist, dated 23 September 2013;
- An operation report by the spinal surgeon, dated 25 September 2013;
- A microbiology report and specialist letter by the infectious diseases physician, dated 27 September 2013;
- A specialist review and return to flying assessment by the spinal surgeon and medical officer (aviation medicine), dated 20 March 2014;
- A CT-guided aspiration report by Role 3 hospital, Middle East, dated 11 May 2015;
- A deployed health record by the medical officer, Role 3 hospital, Middle East, dated 12 May 2015;
- An MRI cervical spine report and spinal surgery consultation by the radiologist and spinal surgeon, dated 15 May 2015.

Your service

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

15 January 1988 and 14 November 2017

Cervical Spine - Intervertebral Disc Prolapse

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: Intervertebral Disc Prolapse

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 6 August 2025, and is supported by an MRI cervical spine report by the radiologist, dated 23 September 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 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 severe neck pain and stiffness with pain radiating down the left arm to the thumb and index finger, numbness in the same distribution and weakness of elbow flexion on 18 September 2013.

The diagnosis was confirmed by MRI on 23 September 2013, which showed a left posterolateral extrusion of the C5-6 disc into the vertebral canal compressing the left C6 nerve root. This was accompanied by neck pain and stiffness and by the symptoms and signs of left C6 nerve root compression: radicular pain and numbness to the thumb and index finger, a reduced biceps reflex and weakness of elbow flexion. This meets both limbs of the Statement of Principles definition: clinical manifestations of pain and stiffness or nerve root compression, and imaging evidence of disc extrusion into the vertebral canal.

This has then led to further investigations and the diagnosis of your condition of *Intervertebral Disc Prolapse*. I have accepted your condition of *Intervertebral Disc Prolapse*.

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 18 September 2013.

Cervical Spine - Intervertebral Disc Prolapse (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 6 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 6 August 2025;
- A flying logbook summary by the fighter squadron, dated 15 May 2003;
- An annual aircrew medical by the medical officer (aviation medicine), dated 2 August 2013;
- A trauma admission and CT cervical spine report by Role 3 hospital, Afghanistan, dated 18 September 2013;
- An MRI cervical spine report by the radiologist, dated 23 September 2013;
- An operation report by the spinal surgeon, dated 25 September 2013;
- A microbiology report and specialist letter by the infectious diseases physician, dated 27 September 2013;
- A specialist review and return to flying assessment by the spinal surgeon and medical officer (aviation medicine), dated 20 March 2014;
- A CT-guided aspiration report by Role 3 hospital, Middle East, dated 11 May 2015;
- A deployed health record by the medical officer, Role 3 hospital, Middle East, dated 12 May 2015;
- An MRI cervical spine report and spinal surgery consultation by the radiologist and spinal surgeon, dated 15 May 2015.

Your service

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

15 January 1988 and 14 November 2017

Cervical Spine - Intervertebral Disc Prolapse (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: Intervertebral Disc Prolapse (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 6 August 2025, and is supported by an MRI cervical spine report by the radiologist, dated 23 September 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 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 severe neck pain and stiffness with pain radiating down the left arm to the thumb and index finger, numbness in the same distribution and weakness of elbow flexion on 18 September 2013.

The diagnosis was confirmed by MRI on 23 September 2013, which showed a left posterolateral extrusion of the C5-6 disc into the vertebral canal compressing the left C6 nerve root. This was accompanied by neck pain and stiffness and by the symptoms and signs of left C6 nerve root compression: radicular pain and numbness to the thumb and index finger, a reduced biceps reflex and weakness of elbow flexion. This meets both limbs of the Statement of Principles definition: clinical manifestations of pain and stiffness or nerve root compression, and imaging evidence of disc extrusion into the vertebral canal.

After the condition arose, it was worsened during your service. The brownout hard landing at 09:15 on 11 May 2015 occurred on warlike service in the Middle East, and the worsening followed within 24 hours, on 12 May 2015. The needle aspiration through the C5-6 disc at 17:00 on 11 May 2015 was performed at a role 3 hospital during warlike service in the Middle East, and the worsening followed within 24 hours. The 548 hours flown in high performance aircraft on warlike service at Diego Garcia and over Iraq fall within the 10-year period from 1 June 1993 to 31 May 2003, before the worsening on 12 May 2015. In the 10 years before the worsening, from 12 May 2005 to 12 May 2015, you flew 2,980 helicopter hours on operational service, including 270 hours on warlike service in the Middle East in 2015. You were smoking up to 30 cigarettes a day on warlike service in the Middle East at the worsening on 12 May 2015, with about 33 pack-years in total. Recurrent Staphylococcus aureus discitis of C5-6, a recrudescence of the infection introduced by hostile fire in Afghanistan, was present at the worsening on warlike service in the Middle East on 12 May 2015. On warlike service in the Middle East from 24 April to 11 May 2015 you had no access to MRI, intravenous antibiotics or spinal review at your forward base and was kept on flying duties, and the condition worsened on 12 May 2015.

This has then led to further investigations and the diagnosis of your condition of *Intervertebral Disc Prolapse (Worsening)*. I have accepted your condition of *Intervertebral Disc Prolapse (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 May 2015.

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.