# 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 - Spondylosis (M47.8) Cervical Spine - Spondylolisthesis

### 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 17 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 June 2025;
- A field hospital record and stool culture by the medical officer, East Timor, dated 23 November 1999;
- A rheumatology consultation by the rheumatologist, dated 22 February 2000;
- A trauma record and CT cervical spine by Role 3 hospital, Afghanistan, dated 22 June 2008;
- An operation report by the spinal surgeon, dated 2 July 2008;
- A wound record and CT neck by Role 3 hospital, Afghanistan, dated 19 March 2011;
- An MRI cervical spine and infectious diseases consultation by the radiologist and infectious diseases physician, dated 11 April 2011;
- An endocrinology consultation by the endocrinologist, dated 10 June 2015;
- A bone scan and flexion-extension X-ray by the radiologist, dated 10 February 2016;
- An MRI and CT cervical spine by the radiologist, dated 5 August 2019;
- A periodic health examination by the medical officer, Garrison health centre, dated 9 November 2020;
- An outpatient health record by the medical officer, Garrison health centre, dated 25 March 2021;
- An X-ray cervical spine by the radiologist, dated 30 March 2021;
- A specialist consultation by the spinal surgeon, dated 20 May 2021;

- An MRI cervical spine and specialist review by the radiologist and spinal surgeon, dated 14 August 2023.

## Your service

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

20 January 1992 and 15 December 2023

## Cervical Spine - Spondylosis (M47.8) Cervical Spine - Spondylolisthesis

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:** Spondylosis (M47.8) Cervical Spine - Spondylolisthesis

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 June 2025, and is supported by an X-ray cervical spine by the radiologist, dated 30 March 2021.

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 pain and stiffness at the base of the neck, radiating to the interscapular region, aggravated by neck extension and rotation, by checking over your shoulder while driving and by wearing a helmet, with morning stiffness of about 45 minutes and disturbed sleep on 25 March 2021.

The diagnosis was made on the clinical manifestations of local neck pain and stiffness, with reduced and painful cervical extension and rotation and tenderness over C5/6 and C7/T1, together with imaging evidence of degenerative change. The plain X-ray of 30 March 2021 showed disc space narrowing and osteophytes at C5/6 and C7/T1. This meets the Statement of Principles requirement of clinical manifestations of local pain and stiffness, or symptoms and signs of nerve root compression, together with imaging evidence of degenerative change including disc space narrowing or osteophytes.

This has then led to further investigations and the diagnosis of your condition of *Spondylosis (M47.8) Cervical Spine - Spondylolisthesis*. I have accepted your condition of *Spondylosis (M47.8) Cervical Spine - Spondylolisthesis*.

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 18 March 2021.

# Cervical Spine - Spondylosis (M47.8) Cervical Spine - Spondylolisthesis (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 17 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 June 2025;
- A field hospital record and stool culture by the medical officer, East Timor, dated 23 November 1999;
- A rheumatology consultation by the rheumatologist, dated 22 February 2000;
- A trauma record and CT cervical spine by Role 3 hospital, Afghanistan, dated 22 June 2008;
- An operation report by the spinal surgeon, dated 2 July 2008;
- A wound record and CT neck by Role 3 hospital, Afghanistan, dated 19 March 2011;
- An MRI cervical spine and infectious diseases consultation by the radiologist and infectious diseases physician, dated 11 April 2011;
- An endocrinology consultation by the endocrinologist, dated 10 June 2015;
- A bone scan and flexion-extension X-ray by the radiologist, dated 10 February 2016;
- An MRI and CT cervical spine by the radiologist, dated 5 August 2019;
- A periodic health examination by the medical officer, Garrison health centre, dated 9 November 2020;
- An outpatient health record by the medical officer, Garrison health centre, dated 25 March 2021;
- An X-ray cervical spine by the radiologist, dated 30 March 2021;
- A specialist consultation by the spinal surgeon, dated 20 May 2021;
- An MRI cervical spine and specialist review by the radiologist and spinal surgeon, dated 14 August 2023.

## Your service

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

20 January 1992 and 15 December 2023

# Cervical Spine - Spondylosis (M47.8) Cervical Spine - Spondylolisthesis (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:** Spondylosis (M47.8) Cervical Spine - Spondylolisthesis (Worsening)

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 June 2025, and is supported by an X-ray cervical spine by the radiologist, dated 30 March 2021.

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 constant pain and stiffness at the base of the neck, radiating to the interscapular region, aggravated by neck extension and rotation, by checking over your shoulder while driving and by wearing a helmet, with morning stiffness of about 45 minutes and disturbed sleep on 25 March 2021.

The diagnosis was made on the clinical manifestations of local neck pain and stiffness, with reduced and painful cervical extension and rotation and tenderness over C5/6 and C7/T1, together with imaging evidence of degenerative change. The plain X-ray of 30 March 2021 showed disc space narrowing and osteophytes at C5/6 and C7/T1. This meets the Statement of Principles requirement of clinical manifestations of local pain and stiffness, or symptoms and signs of nerve root compression, together with imaging evidence of degenerative change including disc space narrowing or osteophytes.

After the condition arose, it was worsened during your service. Reactive arthritis with cervical involvement, present since 2000, remained present in the cervical spine before the worsening of the spondylosis on 14 August 2023, with a further cervical flare and a CRP of 31 mg/L in March 2023. The S. aureus infection of the C5/6 disc and facet joints in April 2011 occurred 12 years before the worsening of 14 August 2023. The intra-articular C6 facet fracture of 22 June 2008, adjacent to C5/6 and C7/T1, occurred 15 years before the worsening of 14 August 2023, at which the C7/T1 level deteriorated most. The C4/5 spondylolisthesis was present throughout the 6 months before the worsening, from 14 February 2023 to 14 August 2023, and progressed from 3 mm to 5 mm on the MRI of 14 August 2023. The C6/7 fusion of July 2008, immediately between the affected C5/6 and C7/T1 joints, was performed 15 years before the worsening of 14 August 2023. Calcium pyrophosphate dihydrate deposition disease in the cervical spine, present since 2019, was present before the worsening of 14 August 2023. The trauma to the cervical spine of 22 June 2008 occurred 15 years before the worsening of 14 August 2023, more than 6 months before and within the 20 years before the worsening. The penetrating fragment injury to the C5/6 disc of March 2011 preceded the worsening of 14 August 2023, which included increased C5/6 disc-osteophyte bulging at that level. The C5/6 disc prolapse of August 2019 occurred four years before the worsening of 14 August 2023, at the C5/6 level, which progressed on that MRI. The 10 year period of carrying loads of at least 25 kilograms on the head, from 1992 to 2002, totalled about 5,400 hours and preceded the worsening of 14 August 2023, which occurred 21 years after that period ended, within the following 25 years. All 1,180 hours flown in high performance aircraft, from 2013 to 2019, fall within the 25 years before the worsening of 14 August 2023. All 1,720 hours piloting helicopters, from 2003 to 2012, fall within the 25 years before the

worsening of 14 August 2023. You were obese continuously from June 2006 to the worsening of 14 August 2023, more than 17 years within the 25 years before the worsening, with a BMI of 33.1 in July 2023. Acromegaly involving the cervical spine, present since 2015, was present before the worsening of 14 August 2023, with IGF-1 above the reference range in 2022 despite octreotide. Paget's disease of the C4 vertebra, present since 2016, was present before the worsening of 14 August 2023. After onset you were referred to a spinal surgeon in March 2021 and recommended a structured physiotherapy program and repeat imaging at six months.

This has then led to further investigations and the diagnosis of your condition of *Spondylosis (M47.8) Cervical Spine - Spondylolisthesis (Worsening)*. I have accepted your condition of *Spondylosis (M47.8) Cervical Spine - Spondylolisthesis (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 14 August 2023.

*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.*