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.

Cervicogenic Headache

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 8 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 8 April 2025;
- A pre-deployment medical examination by the regimental medical officer, dated 10 January 2006;
- A casualty treatment record by the combat medic, Iraq, dated 23 April 2006;
- A medical officer consultation and cervical spine X-ray report by the medical officer and radiologist, Iraq, dated 25 April 2006;
- An outpatient health record by the medical officer, Garrison health centre, dated 14 December 2006;
- A casualty treatment record by the combat medic, Afghanistan, dated 14 July 2010;
- A medical officer consultation and duty restriction by the medical officer, Afghanistan, dated 2 August 2010;
- An MRI cervical spine report by the radiologist, dated 30 August 2010;
- A field exercise treatment record by the medical officer, dated 12 March 2013;
- An MRI cervical spine report by the radiologist, dated 20 March 2013;
- A third occipital nerve block report by the pain medicine specialist, dated 18 June 2013;
- A radiofrequency neurotomy procedure report by the pain medicine specialist, dated 20 September 2013.

Your service

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

15 January 1997 and 30 June 2016

Cervicogenic Headache

You have stated that your condition was caused by:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical onset of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical onset of a strain to that muscle or tendon*

Diagnosis: Cervicogenic Headache

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 8 April 2025, and is supported by a medical officer consultation and cervical spine X-ray report by the medical officer and radiologist, Iraq, dated 25 April 2006.

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

Statement of Principles concerning Sprain and Strain (Reasonable Hypothesis) (No. 27 of 2020)

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

I am satisfied that you have met the following factor:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical onset of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical onset of a strain to that muscle or tendon*

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 right-sided neck pain and stiffness within an hour of the injury and, by that evening, a right occipital headache spreading to the right temple and behind the right eye, made worse by turning your head and by the weight of your helmet on 23 April 2006.

The diagnosis was made clinically by a medical officer on 25 April 2006, who recorded an acute cervical sprain and strain with tenderness over the right C2-3 facet joint, spasm of the right trapezius and splenius capitis, reduced right rotation and a right occipital headache provoked by neck movement, with radiographs excluding fracture. The pain and tenderness began within 24 hours of the injury, meeting the Statement of Principles definitions of a sprain (stretching or tearing of joint ligaments) and a strain (stretching or tearing of muscle). The headache pattern meets the International Classification of Headache Disorders criteria for cervicogenic headache:

it began in close temporal relation to the neck injury, is unilateral and provoked by neck movement, and is accompanied by reduced cervical range of motion.

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

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 23 April 2006.

Cervicogenic Headache (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 8 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 8 April 2025;
- A pre-deployment medical examination by the regimental medical officer, dated 10 January 2006;
- A casualty treatment record by the combat medic, Iraq, dated 23 April 2006;
- A medical officer consultation and cervical spine X-ray report by the medical officer and radiologist, Iraq, dated 25 April 2006;
- An outpatient health record by the medical officer, Garrison health centre, dated 14 December 2006;
- A casualty treatment record by the combat medic, Afghanistan, dated 14 July 2010;
- A medical officer consultation and duty restriction by the medical officer, Afghanistan, dated 2 August 2010;
- An MRI cervical spine report by the radiologist, dated 30 August 2010;
- A field exercise treatment record by the medical officer, dated 12 March 2013;
- An MRI cervical spine report by the radiologist, dated 20 March 2013;
- A third occipital nerve block report by the pain medicine specialist, dated 18 June 2013;
- A radiofrequency neurotomy procedure report by the pain medicine specialist, dated 20 September 2013.

Your service

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

15 January 1997 and 30 June 2016

Cervicogenic Headache (Worsening)

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

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical worsening of a sprain to that joint ligament*

- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical worsening of a strain to that muscle or tendon*
- *inability to obtain appropriate clinical management for sprain or strain*

Diagnosis: Cervicogenic Headache (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 8 April 2025, and is supported by a medical officer consultation and cervical spine X-ray report by the medical officer and radiologist, Iraq, dated 25 April 2006.

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

Statement of Principles concerning Sprain and Strain (Reasonable Hypothesis) (No. 27 of 2020)

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

I am satisfied that you have met the following factor:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical worsening of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical worsening of a strain to that muscle or tendon*
- *inability to obtain appropriate clinical management for sprain or strain*

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 right-sided neck pain and stiffness within an hour of the injury and, by that evening, a right occipital headache spreading to the right temple and behind the right eye, made worse by turning your head and by the weight of your helmet on 23 April 2006.

The diagnosis was made clinically by a medical officer on 25 April 2006, who recorded an acute cervical sprain and strain with tenderness over the right C2-3 facet joint, spasm of the right trapezius and splenius capitis, reduced right rotation and a right occipital headache provoked by neck movement, with radiographs excluding fracture. The pain and tenderness began within 24 hours of the injury, meeting the Statement of Principles definitions of a sprain (stretching or tearing of joint ligaments) and a strain (stretching or tearing of muscle). The headache pattern meets the International Classification of Headache Disorders criteria for cervicogenic headache: it began in close temporal relation to the neck injury, is unilateral and provoked by neck movement, and is accompanied by reduced cervical range of motion.

After the condition arose, it was worsened during your service. On warlike service in Afghanistan on 14 July 2010 you fell about 2 metres from the hull of your vehicle while dismounting at night, landing on your right shoulder and the side of your helmeted head with

your neck forced to the left. From 23 June 2010 to 14 July 2010, on warlike service in Afghanistan, you loaded and unloaded ammunition cans of up to 25 kilograms for about two hours each day during patrol base resupply, lifting them overhead onto the vehicle. On warlike service in Iraq in April 2006 you were returned to turret duties two days after the injury, against the medical officer's advice to rest for a week, and no physiotherapy was available.

This has then led to further investigations and the diagnosis of your condition of *Cervicogenic Headache (Worsening)*. I have accepted your condition of *Cervicogenic Headache (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 2 August 2010.

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