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.

Diverticular Disease of Colon

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 14 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 April 2025;
- A periodic health examination and dietary review by the medical officer and dietitian, dated 16 March 2009;
- A return to Australia health screen by the medical officer, dated 22 September 2010;
- A general practice consultation by the general practitioner; gynaecology consultation, Gynaecologist, dated 14 August 2011;
- A rheumatology consultation and HRCT chest report by the rheumatologist and radiologist, dated 20 March 2012;
- A renal medicine consultation by the renal physician, dated 2 September 2013;
- An emergency admission and CT report by the surgical registrar and radiologist, dated 18 June 2014;
- A colonoscopy report by the gastroenterologist, dated 9 September 2014;
- A medical board and discharge medical examination by the senior medical officer, dated 28 November 2014;
- A transplant discharge summary by the transplant unit, dated 12 March 2018;
- A surgical booking cancellation letter by the colorectal surgeon, dated 23 March 2020;
- A CT report (operation report and histopathology report) by the radiologist, Colorectal surgeon and Pathologist, dated 22 June 2020.

Your service

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

19 January 1987 and 28 November 2014

Diverticular Disease of Colon

You have stated that your condition was caused by:

- *having a Body Mass Index (BMI) of 30 or greater (being obese) for at least the 5 years before clinical onset or clinical worsening*
- *having diabetes mellitus at the time of clinical onset or clinical worsening of diverticular bleeding*
- *inability to undertake any physical activity greater than 3 METs for at least the 5 years before clinical onset or clinical worsening*
- *having chronic renal failure at the time of clinical onset or clinical worsening as indicated by: (a) a glomerular filtration rate of less than 15 mL/min/1.73 m2 for a period of at least 3 months; or (b) undergoing chronic dialysis for renal failure*
- *taking one of the following immunosuppressive medications within the 30 days before clinical onset of diverticular perforation, abscess or fistula: (a) corticosteroids other than inhaled or topical corticosteroids; (b) drugs used to prevent transplant rejection; (c) tumour necrosis factor-α inhibitors; (d) chemotherapeutic agents used for the treatment of cancer; (e) interleukin-6 inhibitors*
- *taking a nonsteroidal anti-inflammatory medication, excluding aspirin and paracetamol, for a continuous period of at least 4 weeks before clinical onset, where the last dose of the medication within that period was taken within the 7 days before clinical onset of diverticular bleeding, perforation, abscess or fistula*
- *taking an antiplatelet medication that blocks platelet adhesion or aggregation before clinical onset, where the last dose of the antiplatelet medication was taken within the 7 days before clinical onset of diverticular bleeding*
- *having smoked at least 10 pack-years before clinical onset or clinical worsening, and where smoking has ceased, clinical onset or clinical worsening occurred within 10 years of cessation*
- *inability to consume an average of at least 30 grams per day of fibre in food, for at least 5 consecutive years within the 10 years before clinical onset*

Diagnosis: Diverticular Disease of Colon

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 April 2025, and is supported by an emergency admission and CT report by the surgical registrar and radiologist, dated 18 June 2014.

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

Statement of Principles concerning Diverticular Disease of the Colon (Balance of Probabilities) (No. 52 of 2025)

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

I am satisfied that you have met the following factor:

- *having a Body Mass Index (BMI) of 30 or greater (being obese) for at least the 5 years before clinical onset or clinical worsening*
- *having diabetes mellitus at the time of clinical onset or clinical worsening of diverticular bleeding*
- *inability to undertake any physical activity greater than 3 METs for at least the 5 years before clinical onset or clinical worsening*
- *having chronic renal failure at the time of clinical onset or clinical worsening as indicated by: (a) a glomerular filtration rate of less than 15 mL/min/1.73 m2 for a period of at least 3 months; or (b) undergoing chronic dialysis for renal failure*
- *taking one of the following immunosuppressive medications within the 30 days before clinical onset of diverticular perforation, abscess or fistula: (a) corticosteroids other than inhaled or topical corticosteroids; (b) drugs used to prevent transplant rejection; (c) tumour necrosis factor-α inhibitors; (d) chemotherapeutic agents used for the treatment of cancer; (e) interleukin-6 inhibitors*
- *taking a nonsteroidal anti-inflammatory medication, excluding aspirin and paracetamol, for a continuous period of at least 4 weeks before clinical onset, where the last dose of the medication within that period was taken within the 7 days before clinical onset of diverticular bleeding, perforation, abscess or fistula*
- *taking an antiplatelet medication that blocks platelet adhesion or aggregation before clinical onset, where the last dose of the antiplatelet medication was taken within the 7 days before clinical onset of diverticular bleeding*
- *having smoked at least 10 pack-years before clinical onset or clinical worsening, and where smoking has ceased, clinical onset or clinical worsening occurred within 10 years of cessation*
- *inability to consume an average of at least 30 grams per day of fibre in food, for at least 5 consecutive years within the 10 years before clinical onset*

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 left lower abdominal pain, fever, nausea, loss of appetite and passage of dark red blood with clots per rectum on 18 June 2014.

The diagnosis was confirmed by contrast CT on 18 June 2014, showing extensive sigmoid diverticulosis with wall thickening, pericolic inflammation, a 4 cm abscess and a contrast blush

from a bleeding diverticulum, and by colonoscopy in September 2014 showing extensive sigmoid diverticula. This meets the Statement of Principles meaning of diverticular disease of the colon, including diverticular abscess and diverticular bleeding.

This has then led to further investigations and the diagnosis of your condition of *Diverticular Disease of Colon*. I have accepted your condition of *Diverticular Disease of Colon*.

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 June 2014.

Diverticular Disease of Colon (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 14 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 April 2025;
- A periodic health examination and dietary review by the medical officer and dietitian, dated 16 March 2009;
- A return to Australia health screen by the medical officer, dated 22 September 2010;
- A general practice consultation by the general practitioner; gynaecology consultation, Gynaecologist, dated 14 August 2011;
- A rheumatology consultation and HRCT chest report by the rheumatologist and radiologist, dated 20 March 2012;
- A renal medicine consultation by the renal physician, dated 2 September 2013;
- An emergency admission and CT report by the surgical registrar and radiologist, dated 18 June 2014;
- A colonoscopy report by the gastroenterologist, dated 9 September 2014;
- A medical board and discharge medical examination by the senior medical officer, dated 28 November 2014;
- A transplant discharge summary by the transplant unit, dated 12 March 2018;
- A surgical booking cancellation letter by the colorectal surgeon, dated 23 March 2020;
- A CT report (operation report and histopathology report) by the radiologist, Colorectal surgeon and Pathologist, dated 22 June 2020.

Your service

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

19 January 1987 and 28 November 2014

Diverticular Disease of Colon (Worsening)

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

- *having a Body Mass Index (BMI) of 30 or greater (being obese) for at least the 5 years before clinical onset or clinical worsening*
- *having diabetes mellitus at the time of clinical onset or clinical worsening of diverticular bleeding*
- *inability to undertake any physical activity greater than 3 METs for at least the 5 years before clinical onset or clinical worsening*
- *having chronic renal failure at the time of clinical onset or clinical worsening as indicated by: (a) a glomerular filtration rate of less than 15 mL/min/1.73 m2 for a period of at least 3 months; or (b) undergoing chronic dialysis for renal failure*
- *having smoked at least 10 pack-years before clinical onset or clinical worsening, and where smoking has ceased, clinical onset or clinical worsening occurred within 10 years of cessation*
- *having a solid organ transplant (excluding corneal transplant) before clinical worsening*
- *taking one of the following immunosuppressive medications within the 30 days before clinical worsening: (a) corticosteroids other than inhaled or topical corticosteroids; (b) drugs used to prevent transplant rejection; (c) tumour necrosis factor-α inhibitors; (d) chemotherapeutic agents used for the treatment of cancer; (e) interleukin-6 inhibitors*
- *taking a nonsteroidal anti-inflammatory medication, excluding aspirin and paracetamol, for a continuous period of at least 4 weeks before clinical worsening, where the last dose of the medication within that period was taken within the 7 days before clinical worsening*
- *taking an antiplatelet medication that blocks platelet adhesion or aggregation before clinical worsening, where the last dose of the antiplatelet medication was taken within the 7 days before clinical worsening*
- *taking an opioid for a continuous period of at least 4 weeks before clinical worsening, where the last dose of the opioid within that period was taken within the 7 days before clinical worsening*
- *having contact with a foreign object or extraneous material at the affected site at the time of clinical worsening*
- *inability to obtain appropriate clinical management for diverticular disease of the colon before clinical worsening*

Diagnosis: Diverticular Disease of Colon (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 April 2025, and is supported by an emergency admission and CT report by the surgical registrar and radiologist, dated 18 June 2014.

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

Statement of Principles concerning Diverticular Disease of the Colon (Balance of Probabilities) (No. 52 of 2025)

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

I am satisfied that you have met the following factor:

- *having a Body Mass Index (BMI) of 30 or greater (being obese) for at least the 5 years before clinical onset or clinical worsening*
- *having diabetes mellitus at the time of clinical onset or clinical worsening of diverticular bleeding*
- *inability to undertake any physical activity greater than 3 METs for at least the 5 years before clinical onset or clinical worsening*
- *having chronic renal failure at the time of clinical onset or clinical worsening as indicated by: (a) a glomerular filtration rate of less than 15 mL/min/1.73 m2 for a period of at least 3 months; or (b) undergoing chronic dialysis for renal failure*
- *having smoked at least 10 pack-years before clinical onset or clinical worsening, and where smoking has ceased, clinical onset or clinical worsening occurred within 10 years of cessation*
- *having a solid organ transplant (excluding corneal transplant) before clinical worsening*
- *taking one of the following immunosuppressive medications within the 30 days before clinical worsening: (a) corticosteroids other than inhaled or topical corticosteroids; (b) drugs used to prevent transplant rejection; (c) tumour necrosis factor-α inhibitors; (d) chemotherapeutic agents used for the treatment of cancer; (e) interleukin-6 inhibitors*
- *taking a nonsteroidal anti-inflammatory medication, excluding aspirin and paracetamol, for a continuous period of at least 4 weeks before clinical worsening, where the last dose of the medication within that period was taken within the 7 days before clinical worsening*
- *taking an antiplatelet medication that blocks platelet adhesion or aggregation before clinical worsening, where the last dose of the antiplatelet medication was taken within the 7 days before clinical worsening*
- *taking an opioid for a continuous period of at least 4 weeks before clinical worsening, where the last dose of the opioid within that period was taken within the 7 days before clinical worsening*
- *having contact with a foreign object or extraneous material at the affected site at the time of clinical worsening*
- *inability to obtain appropriate clinical management for diverticular disease of the colon before clinical worsening*

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 left lower abdominal pain, fever, nausea, loss of appetite and passage of dark red blood with clots per rectum on 18 June 2014.

The diagnosis was confirmed by contrast CT on 18 June 2014, showing extensive sigmoid diverticulosis with wall thickening, pericolic inflammation, a 4 cm abscess and a contrast blush

from a bleeding diverticulum, and by colonoscopy in September 2014 showing extensive sigmoid diverticula. This meets the Statement of Principles meaning of diverticular disease of the colon, including diverticular abscess and diverticular bleeding.

After the condition arose, it was worsened during your service. Your BMI was 30 or more at every periodic health examination from 2003 to 2014, recorded at 32.6 in March 2009, during sedentary logistics duties in barracks and a mess diet. Type 2 diabetes was diagnosed on 14 August 2011, during peacetime service, and was present at the onset of diverticular bleeding on 18 June 2014 and at its recurrence with the worsening on 22 June 2020. From mid-2013 interstitial lung disease and dialysis fatigue confined you to activity below 3 METs, documented by your renal physician and rheumatologist, for the whole of the 5 years before the worsening of 22 June 2020. You began chronic haemodialysis on 2 September 2013 after scleroderma renal crisis, while serving, and remained on dialysis at the onset of 18 June 2014, more than 9 months later. You smoked about 25 pack-years from 1985 to 30 June 2010, established in the smoking culture of your units. You received a kidney transplant on 12 March 2018 for renal failure caused by systemic sclerosis that developed during your service, before the worsening of 22 June 2020. You took tacrolimus and mycophenolate to prevent transplant rejection, and prednisolone 7.5 mg daily, throughout the 30 days before the worsening of 22 June 2020. You took celecoxib 200 mg daily from 10 May 2020, for more than 4 continuous weeks, with your last dose on 21 June 2020, the day before the worsening. You continued aspirin 100 mg daily, with your last dose on 21 June 2020, the day before the worsening with recurrent bleeding. You took oxycodone 10 mg twice daily from 1 May 2020, continuously for more than 7 weeks, with your last dose on the morning of 22 June 2020, the day of the worsening. At emergency surgery on 22 June 2020 a fish bone was found embedded in the perforated sigmoid diverticulum, a foreign object at the affected site at the time of the worsening. The elective sigmoid colectomy your surgeon booked for 30 March 2020 was cancelled under the COVID-19 suspension of elective surgery and not rebooked before the perforation.

This has then led to further investigations and the diagnosis of your condition of *Diverticular Disease of Colon (Worsening)*. I have accepted your condition of *Diverticular Disease of Colon (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 18 June 2014.

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