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.

Fibromyalgia

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 7 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 May 2025;
- An entry medical examination by the army recruiting medical officer, dated 15 January 1990;
- A medical centre treatment record by the apprentice school medical officer, dated 22 March 1990;
- A role 2 admission record by the medical officer, Iraq, dated 3 August 2006;
- A specialist report and MRI sacroiliac joints by the rheumatologist and radiologist, dated 21 August 2007;
- A biologic therapy commencement letter by the rheumatologist, dated 11 February 2008;
- A role 2 treatment record and incident report by the medical officer, Afghanistan, dated 18 June 2010;
- A periodic health examination by the medical officer, Garrison health centre, dated 8 February 2011;
- An outpatient health record by the medical officer, Garrison health centre, dated 22 March 2011;
- MRI sacroiliac joints and whole spine by the radiologist, dated 5 September 2011;
- A specialist report by the rheumatologist, dated 14 September 2011;
- An outpatient health record and medical employment review by the senior medical officer, dated 12 May 2014;
- A defence Abuse Response Taskforce finding letter.

Your service

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

15 January 1990 and 20 November 2015

Fibromyalgia

You have stated that your condition was caused by:

- *experiencing severe childhood abuse before the clinical onset of fibromyalgia*
- *being overweight or obese at the time of the clinical onset of fibromyalgia*
- *having an autoimmune inflammatory condition which is associated with the development of arthritis at the time of the clinical onset of fibromyalgia*

Diagnosis: Fibromyalgia

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 May 2025, and is supported by a specialist report by the rheumatologist, dated 14 September 2011.

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

Statement of Principles concerning Fibromyalgia (Balance of Probabilities) (No. 108 of 2021)

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

I am satisfied that you have met the following factor:

- *experiencing severe childhood abuse before the clinical onset of fibromyalgia*
- *being overweight or obese at the time of the clinical onset of fibromyalgia*
- *having an autoimmune inflammatory condition which is associated with the development of arthritis at the time of the clinical onset of fibromyalgia*

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 chronic aching and burning pain in the neck, shoulders, arms, upper and lower back and legs, with tenderness to touch, exhausting fatigue, unrefreshing sleep, morning stiffness distinct from your ankylosing spondylitis, poor concentration and memory, headaches and irritable bowel symptoms on 22 March 2011.

The diagnosis was made by a rheumatologist on 14 September 2011, after more than six months of chronic widespread pain. The widespread pain index was 11, with an associated symptom severity scale score of 7, meeting criterion (a)(i), and pain was present in all five of the specified

regions, meeting criterion (b). The pain and symptoms were not better accounted for by another condition: the ankylosing spondylitis was quiescent with a normal CRP, MRI on 5 September 2011 showed no active inflammation, and thyroid function, creatine kinase and vitamin D were normal, meeting criterion (c). This meets the Statement of Principles definition of fibromyalgia.

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

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 1 March 2011.

Fibromyalgia (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 7 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 May 2025;
- An entry medical examination by the army recruiting medical officer, dated 15 January 1990;
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- A specialist report and MRI sacroiliac joints by the rheumatologist and radiologist, dated 21 August 2007;
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- MRI sacroiliac joints and whole spine by the radiologist, dated 5 September 2011;
- A specialist report by the rheumatologist, dated 14 September 2011;
- An outpatient health record and medical employment review by the senior medical officer, dated 12 May 2014;
- A defence Abuse Response Taskforce finding letter.

Your service

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

15 January 1990 and 20 November 2015

Fibromyalgia (Worsening)

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

- *inability to obtain appropriate clinical management for fibromyalgia*

Diagnosis: Fibromyalgia (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 May 2025, and is supported by a specialist report by the rheumatologist, dated 14 September 2011.

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

Statement of Principles concerning Fibromyalgia (Balance of Probabilities) (No. 108 of 2021)

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

I am satisfied that you have met the following factor:

- *inability to obtain appropriate clinical management for fibromyalgia*

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 chronic aching and burning pain in the neck, shoulders, arms, upper and lower back and legs, with tenderness to touch, exhausting fatigue, unrefreshing sleep, morning stiffness distinct from your ankylosing spondylitis, poor concentration and memory, headaches and irritable bowel symptoms on 22 March 2011.

The diagnosis was made by a rheumatologist on 14 September 2011, after more than six months of chronic widespread pain. The widespread pain index was 11, with an associated symptom severity scale score of 7, meeting criterion (a)(i), and pain was present in all five of the specified regions, meeting criterion (b). The pain and symptoms were not better accounted for by another condition: the ankylosing spondylitis was quiescent with a normal CRP, MRI on 5 September 2011 showed no active inflammation, and thyroid function, creatine kinase and vitamin D were normal, meeting criterion (c). This meets the Statement of Principles definition of fibromyalgia.

After the condition arose, it was worsened during your service. After diagnosis on 14 September 2011 the rheumatologist recommended a multidisciplinary pain program, graded exercise with an exercise physiologist and psychological therapy.

This has then led to further investigations and the diagnosis of your condition of *Fibromyalgia (Worsening)*. I have accepted your condition of *Fibromyalgia (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 12 May 2014.

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