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.

Left Thigh - Meralgia Paraesthetica

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 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 April 2025;
- A periodic health examination by the medical officer, Garrison health centre, dated 2 May 2011;
- An operation report by the orthopaedic hand surgeon, dated 16 June 2011;
- A pre-deployment medical examination by the medical officer, dated 12 January 2012;
- A regimental aid post record by the medical officer, Afghanistan, dated 21 April 2012;
- An ultrasound left hip and pelvis by Role 2 facility, Afghanistan, dated 23 April 2012;
- A regimental aid post record by the medical officer, Afghanistan, dated 9 May 2012;
- A nerve conduction study report by the neurologist, dated 18 December 2012;
- An MRI lumbar spine and ultrasound by the radiologist, dated 22 January 2013;
- A diagnostic nerve block by the pain specialist, dated 22 January 2013;
- A periodic health examination by the medical officer, Garrison health centre, dated 14 September 2016;
- A role 2 consultation by the medical officer, Iraq, dated 30 August 2017;
- An ultrasound and ultrasound-guided nerve block by the pain specialist, dated 5 December 2017;
- A pulsed radiofrequency procedure report by the pain specialist, dated 14 June 2018.

Your service

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

8 February 2006 and 14 November 2019

Left Thigh - Meralgia Paraesthetica

You have stated that your condition was caused by:

- *wearing a tightly fitted belt, harness, webbing or body armour that applies pressure over or just medial to the anterior superior iliac spine for at least 4 hours per day on at least 4 days per week for at least the 3 months before the clinical onset of meralgia paraesthetica*
- *carrying a load of at least 20 kilograms supported by a hip belt or load-bearing belt for a cumulative total of at least 100 hours within the 6 months before the clinical onset of meralgia paraesthetica*
- *being obese at the time of the clinical onset of meralgia paraesthetica*
- *having blunt trauma to the region of the anterior superior iliac spine or the lateral part of the inguinal ligament on the affected side within the 3 months before the clinical onset of meralgia paraesthetica*
- *undergoing harvest of a bone graft from the anterior iliac crest on the affected side within the 12 months before the clinical onset of meralgia paraesthetica*
- *having a haematoma, mass or other space-occupying lesion in the iliacus muscle, retroperitoneum or pelvis along the course of the lateral femoral cutaneous nerve at the time of the clinical onset of meralgia paraesthetica*
- *undertaking prolonged walking, marching or standing with repeated or sustained hip extension for at least 4 hours per day on at least 4 days per week for at least the 3 months before the clinical onset of meralgia paraesthetica*
- *sitting in a confined position with the hips flexed while wearing equipment that compresses the groin or anterior superior iliac spine for at least 3 hours per day on at least 3 days per week for at least the 3 months before the clinical onset of meralgia paraesthetica*
- *gaining at least 10 kilograms in body weight within the 12 months before the clinical onset of meralgia paraesthetica*

Diagnosis: Meralgia Paraesthetica

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 April 2025, and is supported by a nerve conduction study report by the neurologist, dated 18 December 2012.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *wearing a tightly fitted belt, harness, webbing or body armour that applies pressure over or just medial to the anterior superior iliac spine for at least 4 hours per day on at least 4 days per week for at least the 3 months before the clinical onset of meralgia paraesthetica*
- *carrying a load of at least 20 kilograms supported by a hip belt or load-bearing belt for a cumulative total of at least 100 hours within the 6 months before the clinical onset of meralgia paraesthetica*
- *being obese at the time of the clinical onset of meralgia paraesthetica*
- *having blunt trauma to the region of the anterior superior iliac spine or the lateral part of the inguinal ligament on the affected side within the 3 months before the clinical onset of meralgia paraesthetica*
- *undergoing harvest of a bone graft from the anterior iliac crest on the affected side within the 12 months before the clinical onset of meralgia paraesthetica*
- *having a haematoma, mass or other space-occupying lesion in the iliacus muscle, retroperitoneum or pelvis along the course of the lateral femoral cutaneous nerve at the time of the clinical onset of meralgia paraesthetica*
- *undertaking prolonged walking, marching or standing with repeated or sustained hip extension for at least 4 hours per day on at least 4 days per week for at least the 3 months before the clinical onset of meralgia paraesthetica*
- *sitting in a confined position with the hips flexed while wearing equipment that compresses the groin or anterior superior iliac spine for at least 3 hours per day on at least 3 days per week for at least the 3 months before the clinical onset of meralgia paraesthetica*
- *gaining at least 10 kilograms in body weight within the 12 months before the clinical onset of meralgia paraesthetica*

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 burning pain, pins and needles and numbness over the outer aspect of the left thigh, aggravated by prolonged walking, standing and wearing your belt and body armour, and relieved by removing them and sitting with the hip flexed on 9 May 2012.

The diagnosis was made clinically on 9 May 2012 from the typical distribution of burning pain and numbness over the outer left thigh, tenderness medial to the anterior superior iliac spine, a positive pelvic compression test and normal motor and reflex examination. It was confirmed by a neurologist on 18 December 2012, when nerve conduction studies showed an absent left lateral femoral cutaneous nerve sensory response with a normal right side and normal femoral nerve and lumbar root studies.

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

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that this condition is related to your wartime service.

I have therefore accepted that this condition is related to your service with effect from 7 May 2012.

Left Thigh - Meralgia Paraesthetica (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 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 April 2025;
- A periodic health examination by the medical officer, Garrison health centre, dated 2 May 2011;
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- A regimental aid post record by the medical officer, Afghanistan, dated 9 May 2012;
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- A role 2 consultation by the medical officer, Iraq, dated 30 August 2017;
- An ultrasound and ultrasound-guided nerve block by the pain specialist, dated 5 December 2017;
- A pulsed radiofrequency procedure report by the pain specialist, dated 14 June 2018.

Your service

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

8 February 2006 and 14 November 2019

Left Thigh - Meralgia Paraesthetica (Worsening)

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

- *wearing a tightly fitted belt, harness, webbing or body armour that applies pressure over or just medial to the anterior superior iliac spine for at least 4 hours per day on at least 4 days per week for at least the 3 months before the clinical worsening of meralgia paraesthetica*
- *carrying a load of at least 20 kilograms supported by a hip belt or load-bearing belt for a cumulative total of at least 100 hours within the 6 months before the clinical worsening of meralgia paraesthetica*
- *undertaking prolonged walking, marching or standing with repeated or sustained hip extension for at least 4 hours per day on at least 4 days per week for at least the 3 months before the clinical worsening of meralgia paraesthetica*
- *gaining at least 5 kilograms in body weight, or being obese, within the 12 months before the clinical worsening of meralgia paraesthetica*
- *inability to obtain appropriate clinical management for meralgia paraesthetica*

Diagnosis: Meralgia Paraesthetica (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 April 2025, and is supported by a nerve conduction study report by the neurologist, dated 18 December 2012.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *wearing a tightly fitted belt, harness, webbing or body armour that applies pressure over or just medial to the anterior superior iliac spine for at least 4 hours per day on at least 4 days per week for at least the 3 months before the clinical worsening of meralgia paraesthetica*
- *carrying a load of at least 20 kilograms supported by a hip belt or load-bearing belt for a cumulative total of at least 100 hours within the 6 months before the clinical worsening of meralgia paraesthetica*
- *undertaking prolonged walking, marching or standing with repeated or sustained hip extension for at least 4 hours per day on at least 4 days per week for at least the 3 months before the clinical worsening of meralgia paraesthetica*
- *gaining at least 5 kilograms in body weight, or being obese, within the 12 months before the clinical worsening of meralgia paraesthetica*
- *inability to obtain appropriate clinical management for meralgia paraesthetica*

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 burning pain, pins and needles and numbness over the outer aspect of the left thigh, aggravated by prolonged walking, standing and wearing your belt and body armour, and relieved by removing them and sitting with the hip flexed on 9 May 2012.

The diagnosis was made clinically on 9 May 2012 from the typical distribution of burning pain and numbness over the outer left thigh, tenderness medial to the anterior superior iliac spine, a positive pelvic compression test and normal motor and reflex examination. It was confirmed by a neurologist on 18 December 2012, when nerve conduction studies showed an absent left lateral femoral cutaneous nerve sensory response with a normal right side and normal femoral nerve and lumbar root studies.

After the condition arose, it was worsened during your service. On warlike service in Iraq from 1 April 2017 you wore heavier ballistic plates and a fully loaded belt for force protection and guard duties of 10 to 12 hours a day, on six or seven days a week, throughout the 3 months before the documented worsening, from 30 May 2017 to 30 August 2017. In Iraq your armour, belt and personal equipment weighed 28 to 32 kilograms, with the belt load supported on the iliac crests. Force protection duties in Iraq involved standing sentry in towers and at entry control points and walking perimeter patrols for 10 to 12 hours a day, on six or seven days a week, throughout the 3 months before the worsening, from 30 May 2017 to 30 August 2017. You weighed 104 kg at your periodic health examination on 14 September 2016 and 110 kg at the role 2 review on 30 August 2017, a gain of 6 kilograms within the 12 months before the worsening, and your BMI of 33.2 was in the obese range. In Iraq in 2017 there was no access to a neurologist, ultrasound-guided nerve block or alternative body armour, and you were required to keep wearing the armour and belt that compressed the nerve for 10 to 12 hours a day for almost five months.

This has then led to further investigations and the diagnosis of your condition of *Meralgia Paraesthetica (Worsening)*. I have accepted your condition of *Meralgia Paraesthetica (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes 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 30 August 2017.

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.