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.

Lumbar Spine - Facet Arthropathy, Disc Bulges and Early Spondylosis

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 19 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 19 February 2025;
- A trauma admission and operation report by the orthopaedic surgeon, dated 12 May 1990;
- A scanogram report by the radiologist, dated 4 March 1991;
- A CT lumbar spine report by the radiologist, dated 16 November 1999;
- An infectious diseases consultation and microbiology report by the infectious diseases physician, dated 2 February 2000;
- An operation report by the spinal surgeon, dated 15 March 2004;
- A standing X-ray lumbar spine report by the radiologist, dated 19 May 2004;
- An MRI lumbar spine report by the radiologist, dated 18 July 2005;
- A discography report by the interventional radiologist, dated 21 March 2006;
- An endocrinology consultation by the endocrinologist, dated 9 October 2006;
- A rheumatology consultation by the rheumatologist, dated 16 August 2007;
- A dual-energy CT report by the radiologist, dated 22 April 2008;
- A bone scan report by the nuclear medicine physician, dated 11 September 2008;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 20 January 2009;
- A role 2 facility consultation by the medical officer, Afghanistan, dated 14 June 2009;
- An MRI lumbar spine report and sports medicine consultation by the radiologist and sports physician, dated 30 November 2009;
- A health record by the medical officer, Afghanistan, dated 18 May 2013;

- An MRI lumbar spine report by the radiologist, dated 30 October 2013.

Your service

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

19 January 1987 and 30 June 2017

Lumbar Spine - Facet Arthropathy, Disc Bulges and Early Spondylosis

You have stated that your condition was caused by:

- *being a prisoner of war before the clinical onset of thoracolumbar spondylosis*
- *having an inflammatory joint disease from the specified list of inflammatory joint diseases, in the thoracolumbar spine before the clinical onset of thoracolumbar spondylosis*
- *having non-viral infection of the affected joint, resulting in inflammation within that joint, at least 6 months before the clinical onset of thoracolumbar 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 thoracolumbar spondylosis*
- *having a spinal condition from the specified list of spinal conditions, affecting the thoracolumbar spine for at least the 6 months before the clinical onset of thoracolumbar spondylosis*
- *for lumbar spondylosis only, having a kyphotic abnormality or lordotic abnormality affecting the lumbar spine for at least the 6 months before the clinical onset of thoracolumbar spondylosis*
- *having undergone a spinal fusion, immediately above or below the affected joint, at least 6 months before the clinical onset of thoracolumbar spondylosis*
- *for lumbar spondylosis only, having leg length inequality for at least the 2 years before the clinical onset of thoracolumbar spondylosis*
- *having a depositional joint disease from the specified list of depositional joint diseases, in the thoracolumbar spine before the clinical onset of thoracolumbar spondylosis*
- *having trauma to the thoracolumbar spine at least 6 months before the clinical onset of thoracolumbar spondylosis, and where the trauma to the thoracolumbar spine occurred within the 20 years before the clinical onset of thoracolumbar spondylosis*
- *having a penetrating injury to an intervertebral disc before the clinical onset of thoracolumbar spondylosis at the level of, or adjacent to, the intervertebral disc injury*
- *having a thoracolumbar intervertebral disc prolapse at least 6 months before the clinical onset of thoracolumbar spondylosis at the level of the intervertebral disc prolapse*
- *lifting loads of at least 20 kilograms while bearing the weight through the thoracolumbar spine to a cumulative total of at least 100,000 kilograms within any 10 year period before*

the clinical onset of thoracolumbar spondylosis

- *carrying loads of at least 20 kilograms while bearing the weight through the thoracolumbar spine to a cumulative total of at least 3,800 hours within any 10 year period before the clinical onset of thoracolumbar spondylosis*
- *for lumbar spondylosis only, flying in an engine powered aircraft as operational aircrew, for a cumulative total of at least 1,000 hours within the 25 years before the clinical onset of thoracolumbar spondylosis*
- *being obese for at least 10 years before the clinical onset of thoracolumbar spondylosis*
- *having acromegaly involving the thoracolumbar spine before the clinical onset of thoracolumbar spondylosis*
- *having Paget's disease of bone involving the thoracolumbar spine before the clinical onset of thoracolumbar spondylosis*

Diagnosis: Facet Arthropathy, Disc Bulges and Early Spondylosis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 19 February 2025, and is supported by an MRI lumbar spine report and sports medicine consultation by the radiologist and sports physician, dated 30 November 2009.

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

Statement of Principles concerning Thoracolumbar Spondylosis (Reasonable Hypothesis) (No. 13 of 2023)

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

I am satisfied that you have met the following factor:

- *being a prisoner of war before the clinical onset of thoracolumbar spondylosis*
- *having an inflammatory joint disease from the specified list of inflammatory joint diseases, in the thoracolumbar spine before the clinical onset of thoracolumbar spondylosis*
- *having non-viral infection of the affected joint, resulting in inflammation within that joint, at least 6 months before the clinical onset of thoracolumbar 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 thoracolumbar spondylosis*
- *having a spinal condition from the specified list of spinal conditions, affecting the thoracolumbar spine for at least the 6 months before the clinical onset of thoracolumbar spondylosis*
- *for lumbar spondylosis only, having a kyphotic abnormality or lordotic abnormality affecting the lumbar spine for at least the 6 months before the clinical onset of thoracolumbar spondylosis*

- *having undergone a spinal fusion, immediately above or below the affected joint, at least 6 months before the clinical onset of thoracolumbar spondylosis*
- *for lumbar spondylosis only, having leg length inequality for at least the 2 years before the clinical onset of thoracolumbar spondylosis*
- *having a depositional joint disease from the specified list of depositional joint diseases, in the thoracolumbar spine before the clinical onset of thoracolumbar spondylosis*
- *having trauma to the thoracolumbar spine at least 6 months before the clinical onset of thoracolumbar spondylosis, and where the trauma to the thoracolumbar spine occurred within the 20 years before the clinical onset of thoracolumbar spondylosis*
- *having a penetrating injury to an intervertebral disc before the clinical onset of thoracolumbar spondylosis at the level of, or adjacent to, the intervertebral disc injury*
- *having a thoracolumbar intervertebral disc prolapse at least 6 months before the clinical onset of thoracolumbar spondylosis at the level of the intervertebral disc prolapse*
- *lifting loads of at least 20 kilograms while bearing the weight through the thoracolumbar spine to a cumulative total of at least 100,000 kilograms within any 10 year period before the clinical onset of thoracolumbar spondylosis*
- *carrying loads of at least 20 kilograms while bearing the weight through the thoracolumbar spine to a cumulative total of at least 3,800 hours within any 10 year period before the clinical onset of thoracolumbar spondylosis*
- *for lumbar spondylosis only, flying in an engine powered aircraft as operational aircrew, for a cumulative total of at least 1,000 hours within the 25 years before the clinical onset of thoracolumbar spondylosis*
- *being obese for at least 10 years before the clinical onset of thoracolumbar spondylosis*
- *having acromegaly involving the thoracolumbar spine before the clinical onset of thoracolumbar spondylosis*
- *having Paget's disease of bone involving the thoracolumbar spine before the clinical onset of thoracolumbar 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 daily central and bilateral low back pain, worse after sorties, lifting and prolonged sitting, with morning stiffness for about an hour and pain on arching and twisting on 14 June 2009.

The diagnosis was confirmed by MRI on 30 November 2009, which showed facet arthropathy with effusions and hypertrophy at L3/4 and L4/5, broad-based disc bulges with desiccation at the same levels and early anterior osteophytes, meeting the Statement of Principles definition of thoracolumbar spondylosis as degeneration of the intervertebral discs and facet joints of the thoracolumbar spine. A sports physician confirmed the diagnosis.

This has then led to further investigations and the diagnosis of your condition of *Facet Arthropathy, Disc Bulges and Early Spondylosis*. I have accepted your condition of *Facet*

Arthropathy, Disc Bulges and Early Spondylosis.

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 14 June 2009.

Lumbar Spine - Facet Arthropathy, Disc Bulges and Early Spondylosis (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 19 February 2025;
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- An MRI lumbar spine report and sports medicine consultation by the radiologist and sports physician, dated 30 November 2009;
- A health record by the medical officer, Afghanistan, dated 18 May 2013;
- An MRI lumbar spine report by the radiologist, dated 30 October 2013.

Your service

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

19 January 1987 and 30 June 2017

Lumbar Spine - Facet Arthropathy, Disc Bulges and Early Spondylosis (Worsening)

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

- *being a prisoner of war before the clinical worsening of thoracolumbar spondylosis*
- *having an inflammatory joint disease from the specified list of inflammatory joint diseases, in the thoracolumbar spine before the clinical worsening of thoracolumbar spondylosis*
- *having non-viral infection of the affected joint, resulting in inflammation within that joint, at least 6 months before the clinical worsening of thoracolumbar 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 thoracolumbar spondylosis*
- *having a spinal condition from the specified list of spinal conditions, affecting the thoracolumbar spine for at least the 6 months before the clinical worsening of thoracolumbar spondylosis*
- *for lumbar spondylosis only, having a kyphotic abnormality or lordotic abnormality affecting the lumbar spine for at least the 6 months before the clinical worsening of thoracolumbar spondylosis*
- *having undergone a spinal fusion, immediately above or below the affected joint, at least 6 months before the clinical worsening of thoracolumbar spondylosis*
- *for lumbar spondylosis only, having leg length inequality for at least the 2 years before the clinical worsening of thoracolumbar spondylosis*
- *having a depositional joint disease from the specified list of depositional joint diseases, in the thoracolumbar spine before the clinical worsening of thoracolumbar spondylosis*
- *having trauma to the thoracolumbar spine at least 6 months before the clinical worsening of thoracolumbar spondylosis, and where the trauma to the thoracolumbar spine occurred within the 20 years before the clinical worsening of thoracolumbar spondylosis*
- *having a penetrating injury to an intervertebral disc before the clinical worsening of thoracolumbar spondylosis at the level of, or adjacent to, the intervertebral disc injury*
- *having a thoracolumbar intervertebral disc prolapse at least 6 months before the clinical worsening of thoracolumbar spondylosis at the level of the intervertebral disc prolapse*
- *lifting loads of at least 20 kilograms while bearing the weight through the thoracolumbar spine to a cumulative total of at least 100,000 kilograms within any 10 year period before the clinical worsening of thoracolumbar spondylosis*
- *carrying loads of at least 20 kilograms while bearing the weight through the thoracolumbar spine to a cumulative total of at least 3,800 hours within any 10 year period before the clinical worsening of thoracolumbar spondylosis*
- *for lumbar spondylosis only, flying in an engine powered aircraft as operational aircrew, for a cumulative total of at least 1,000 hours within the 25 years before the clinical worsening of thoracolumbar spondylosis*

- *being obese for at least 10 years before the clinical worsening of thoracolumbar spondylosis*
- *having acromegaly involving the thoracolumbar spine before the clinical worsening of thoracolumbar spondylosis*
- *having Paget's disease of bone involving the thoracolumbar spine before the clinical worsening of thoracolumbar spondylosis*
- *inability to obtain appropriate clinical management for thoracolumbar spondylosis*

Diagnosis: Facet Arthropathy, Disc Bulges and Early Spondylosis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 19 February 2025, and is supported by an MRI lumbar spine report and sports medicine consultation by the radiologist and sports physician, dated 30 November 2009.

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

Statement of Principles concerning Thoracolumbar Spondylosis (Reasonable Hypothesis) (No. 13 of 2023)

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

I am satisfied that you have met the following factor:

- *being a prisoner of war before the clinical worsening of thoracolumbar spondylosis*
- *having an inflammatory joint disease from the specified list of inflammatory joint diseases, in the thoracolumbar spine before the clinical worsening of thoracolumbar spondylosis*
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- *having a spinal condition from the specified list of spinal conditions, affecting the thoracolumbar spine for at least the 6 months before the clinical worsening of thoracolumbar spondylosis*
- *for lumbar spondylosis only, having a kyphotic abnormality or lordotic abnormality affecting the lumbar spine for at least the 6 months before the clinical worsening of thoracolumbar spondylosis*
- *having undergone a spinal fusion, immediately above or below the affected joint, at least 6 months before the clinical worsening of thoracolumbar spondylosis*
- *for lumbar spondylosis only, having leg length inequality for at least the 2 years before the clinical worsening of thoracolumbar spondylosis*
- *having a depositional joint disease from the specified list of depositional joint diseases, in the thoracolumbar spine before the clinical worsening of thoracolumbar spondylosis*

- *having trauma to the thoracolumbar spine at least 6 months before the clinical worsening of thoracolumbar spondylosis, and where the trauma to the thoracolumbar spine occurred within the 20 years before the clinical worsening of thoracolumbar spondylosis*
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- *for lumbar spondylosis only, flying in an engine powered aircraft as operational aircrew, for a cumulative total of at least 1,000 hours within the 25 years before the clinical worsening of thoracolumbar spondylosis*
- *being obese for at least 10 years before the clinical worsening of thoracolumbar spondylosis*
- *having acromegaly involving the thoracolumbar spine before the clinical worsening of thoracolumbar spondylosis*
- *having Paget's disease of bone involving the thoracolumbar spine before the clinical worsening of thoracolumbar spondylosis*
- *inability to obtain appropriate clinical management for thoracolumbar 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 daily central and bilateral low back pain, worse after sorties, lifting and prolonged sitting, with morning stiffness for about an hour and pain on arching and twisting on 14 June 2009.

The diagnosis was confirmed by MRI on 30 November 2009, which showed facet arthropathy with effusions and hypertrophy at L3/4 and L4/5, broad-based disc bulges with desiccation at the same levels and early anterior osteophytes, meeting the Statement of Principles definition of thoracolumbar spondylosis as degeneration of the intervertebral discs and facet joints of the thoracolumbar spine. A sports physician confirmed the diagnosis.

After the condition arose, it was worsened during your service. Your captivity on warlike service in East Timor in November 1999 occurred before the clinical worsening on warlike service in Afghanistan on 18 May 2013. Psoriatic arthritis involving the lumbar spine was present before the clinical worsening, and flared when adalimumab was stopped on warlike service in Afghanistan in 2013. The septic L4/5 facet arthritis arising from captivity in East Timor occurred more than 13 years before the clinical worsening on warlike service in Afghanistan. The L4

articular process fracture sustained on warlike service in East Timor occurred more than 13 years before the clinical worsening. The lumbar scoliosis affected the thoracolumbar spine throughout the 6 months before the clinical worsening on warlike service in Afghanistan, from 18 November 2012 to 18 May 2013. The lordotic abnormality of 72 degrees persisted throughout the 6 months before the clinical worsening on warlike service in Afghanistan. The L5/S1 fusion, immediately below the affected joint, was present more than nine years before the clinical worsening on warlike service in Afghanistan. The uncorrected leg length inequality persisted throughout the 2 years before the clinical worsening on warlike service in Afghanistan. Tophaceous gout of the L4/5 facets was present before the clinical worsening, with a flare in March 2013, weeks into the deployment. The trauma of the forced landing on warlike service in East Timor occurred 13 years and 6 months before the clinical worsening, more than 6 months before and within the 20 years before it. The discography of 21 March 2006 pierced the L3/4 and L4/5 discs before the clinical worsening on warlike service in Afghanistan. The L4/5 disc prolapse of 2005 preceded the clinical worsening on warlike service in Afghanistan by nearly eight years. The cumulative lifting of about 440,000 kilograms between 1996 and 2006 fell within a 10 year period before the clinical worsening, and further heavy cargo handling took place on warlike service in Afghanistan in 2013. The cumulative load carriage of about 6,000 hours between 1987 and 1996, together with sorties in body armour on operations, exceeded 3,800 hours within a 10 year period before the clinical worsening. You had flown 4,480 hours as operational aircrew by the clinical worsening, including about 450 hours on warlike service in Afghanistan in 2013. You had been obese for 15 years before the clinical worsening on warlike service in Afghanistan. Persisting acromegaly involving the thoracolumbar spine was present before the clinical worsening on warlike service in Afghanistan. Paget's disease of L3 persisted before the clinical worsening on warlike service in Afghanistan. On warlike service in Afghanistan from February to September 2013 you could not obtain physiotherapy, spinal review, MRI or the planned facet joint injections, and your adalimumab was stopped because it could not be stored or given at your location.

This has then led to further investigations and the diagnosis of your condition of *Facet Arthropathy, Disc Bulges and Early Spondylosis (Worsening)*. I have accepted your condition of *Facet Arthropathy, Disc Bulges and Early Spondylosis (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 18 May 2013.

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.