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 - Intervertebral Disc Prolapse

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 18 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- A periodic health examination by the medical officer, Aviation regiment health centre, dated 18 June 2006;
- An end-of-detachment medical review by the medical officer, Timor-Leste, dated 28 April 2011;
- Detachment vehicle logs and flying logbook summary by the aviation detachment, dated 28 April 2011;
- A pre-deployment health assessment by the medical officer, dated 10 November 2014;
- A role 2 facility trauma record and CT report by the middle east, dated 14 March 2015;
- An operation report and microbiology by the surgeon, Role 3 hospital, dated 15 March 2015;
- An MRI lumbar spine by the radiologist, dated 6 April 2015;
- An MRI lumbar spine and infectious diseases review by the infectious diseases physician, dated 20 July 2015;
- A specialist consultation by the sports and exercise physician, dated 14 March 2016;
- A CT-guided aspiration (microbiology and MRI report) by the coalition role 3 hospital, dated 22 August 2018;
- An operation report by the neurosurgeon, dated 24 August 2018;
- An MRI lumbar spine by the radiologist, dated 10 February 2019.

Your service

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

19 January 1996 and 30 June 2020

Lumbar Spine - Intervertebral Disc Prolapse

You have stated that your condition was caused by:

- *having trauma to the affected intervertebral disc within the 24 hours before the clinical onset of thoracolumbar intervertebral disc prolapse*
- *having a penetrating injury to the affected intervertebral disc or adjacent vertebral body, within the 24 hours before the clinical onset of thoracolumbar intervertebral disc prolapse*
- *physically carrying or lifting loads of at least 10 kilograms, to a cumulative total Load-Factor of at least 150,000 within the 10 years before the clinical onset of thoracolumbar intervertebral disc prolapse*
- *driving a motor vehicle for an average of at least 25 hours per week, for a period of at least 2 years within the 10 years before the clinical onset of thoracolumbar intervertebral disc prolapse*
- *flying in an engine powered aircraft as operational crew, for a cumulative total of at least 2,500 hours within the 10 years before the clinical onset of thoracolumbar intervertebral disc prolapse*
- *flying in a helicopter as operational aircrew, for a cumulative total of at least 2,500 hours within the 10 years before the clinical onset of thoracolumbar intervertebral disc prolapse*
- *having smoked tobacco products in an amount of at least 5 pack-years before the clinical onset of thoracolumbar intervertebral disc prolapse, and if smoking has ceased before the clinical onset of thoracolumbar intervertebral disc prolapse, then that onset occurred within 5 years of cessation*
- *having bacterial infection of the affected disc at the time of the clinical onset of thoracolumbar intervertebral disc prolapse*
- *being obese for at least 5 years within the 25 years before the clinical onset of thoracolumbar intervertebral disc prolapse*

Diagnosis: Intervertebral Disc Prolapse

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by an MRI lumbar spine by the radiologist, dated 6 April 2015.

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 Intervertebral Disc Prolapse (Reasonable Hypothesis) (No. 68 of 2023)

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

I am satisfied that you have met the following factor:

- *having trauma to the affected intervertebral disc within the 24 hours before the clinical onset of thoracolumbar intervertebral disc prolapse*
- *having a penetrating injury to the affected intervertebral disc or adjacent vertebral body, within the 24 hours before the clinical onset of thoracolumbar intervertebral disc prolapse*
- *physically carrying or lifting loads of at least 10 kilograms, to a cumulative total Load-Factor of at least 150,000 within the 10 years before the clinical onset of thoracolumbar intervertebral disc prolapse*
- *driving a motor vehicle for an average of at least 25 hours per week, for a period of at least 2 years within the 10 years before the clinical onset of thoracolumbar intervertebral disc prolapse*
- *flying in an engine powered aircraft as operational crew, for a cumulative total of at least 2,500 hours within the 10 years before the clinical onset of thoracolumbar intervertebral disc prolapse*
- *flying in a helicopter as operational aircrew, for a cumulative total of at least 2,500 hours within the 10 years before the clinical onset of thoracolumbar intervertebral disc prolapse*
- *having smoked tobacco products in an amount of at least 5 pack-years before the clinical onset of thoracolumbar intervertebral disc prolapse, and if smoking has ceased before the clinical onset of thoracolumbar intervertebral disc prolapse, then that onset occurred within 5 years of cessation*
- *having bacterial infection of the affected disc at the time of the clinical onset of thoracolumbar intervertebral disc prolapse*
- *being obese for at least 5 years within the 25 years before the clinical onset of thoracolumbar intervertebral disc prolapse*

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 low back pain with left buttock and leg pain in an L5 distribution, paraesthesia over the dorsum of the left foot, and pain on sitting, coughing and bending on 15 March 2015.

The diagnosis was confirmed by MRI of the lumbar spine on 6 April 2015, which showed a left paracentral L4/5 disc extrusion compressing the traversing left L5 nerve root, with discitis at the same level. This is imaging evidence of herniation of the nucleus pulposus into the vertebral canal of the thoracolumbar spine and is not a disc bulge or Schmorl's node.

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

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 15 March 2015.

Lumbar Spine - Intervertebral Disc Prolapse (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 18 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- A periodic health examination by the medical officer, Aviation regiment health centre, dated 18 June 2006;
- An end-of-detachment medical review by the medical officer, Timor-Leste, dated 28 April 2011;
- Detachment vehicle logs and flying logbook summary by the aviation detachment, dated 28 April 2011;
- A pre-deployment health assessment by the medical officer, dated 10 November 2014;
- A role 2 facility trauma record and CT report by the middle east, dated 14 March 2015;
- An operation report and microbiology by the surgeon, Role 3 hospital, dated 15 March 2015;
- An MRI lumbar spine by the radiologist, dated 6 April 2015;
- An MRI lumbar spine and infectious diseases review by the infectious diseases physician, dated 20 July 2015;
- A specialist consultation by the sports and exercise physician, dated 14 March 2016;
- A CT-guided aspiration (microbiology and MRI report) by the coalition role 3 hospital, dated 22 August 2018;
- An operation report by the neurosurgeon, dated 24 August 2018;
- An MRI lumbar spine by the radiologist, dated 10 February 2019.

Your service

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

19 January 1996 and 30 June 2020

Lumbar Spine - Intervertebral Disc Prolapse (Worsening)

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

- *having trauma to the affected intervertebral disc within the 24 hours before the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *having a penetrating injury to the affected intervertebral disc or adjacent vertebral body, within the 24 hours before the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *physically carrying or lifting loads of at least 10 kilograms, to a cumulative total Load-Factor of at least 150,000 within the 10 years before the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *driving a motor vehicle for an average of at least 25 hours per week, for a period of at least 2 years within the 10 years before the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *flying in an engine powered aircraft as operational crew, for a cumulative total of at least 2,500 hours within the 10 years before the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *flying in a helicopter as operational aircrew, for a cumulative total of at least 2,500 hours within the 10 years before the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *having smoked tobacco products in an amount of at least 5 pack-years before the clinical worsening of thoracolumbar intervertebral disc prolapse, and if smoking has ceased before the clinical worsening of thoracolumbar intervertebral disc prolapse, then that worsening occurred within 5 years of cessation*
- *having bacterial infection of the affected disc at the time of the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *being obese for at least 5 years within the 25 years before the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *inability to obtain appropriate clinical management for thoracolumbar intervertebral disc prolapse before the clinical worsening of thoracolumbar intervertebral disc prolapse*

Diagnosis: Intervertebral Disc Prolapse (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by an MRI lumbar spine by the radiologist, dated 6 April 2015.

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 Intervertebral Disc Prolapse (Reasonable Hypothesis) (No. 68 of 2023)

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

I am satisfied that you have met the following factor:

- *having trauma to the affected intervertebral disc within the 24 hours before the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *having a penetrating injury to the affected intervertebral disc or adjacent vertebral body, within the 24 hours before the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *physically carrying or lifting loads of at least 10 kilograms, to a cumulative total Load-Factor of at least 150,000 within the 10 years before the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *driving a motor vehicle for an average of at least 25 hours per week, for a period of at least 2 years within the 10 years before the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *flying in an engine powered aircraft as operational crew, for a cumulative total of at least 2,500 hours within the 10 years before the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *flying in a helicopter as operational aircrew, for a cumulative total of at least 2,500 hours within the 10 years before the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *having smoked tobacco products in an amount of at least 5 pack-years before the clinical worsening of thoracolumbar intervertebral disc prolapse, and if smoking has ceased before the clinical worsening of thoracolumbar intervertebral disc prolapse, then that worsening occurred within 5 years of cessation*
- *having bacterial infection of the affected disc at the time of the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *being obese for at least 5 years within the 25 years before the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *inability to obtain appropriate clinical management for thoracolumbar intervertebral disc prolapse before the clinical worsening of thoracolumbar intervertebral disc prolapse*

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 low back pain with left buttock and leg pain in an L5 distribution, paraesthesia over the dorsum of the left foot, and pain on sitting, coughing and bending on 15 March 2015.

The diagnosis was confirmed by MRI of the lumbar spine on 6 April 2015, which showed a left paracentral L4/5 disc extrusion compressing the traversing left L5 nerve root, with discitis at the same level. This is imaging evidence of herniation of the nucleus pulposus into the vertebral canal of the thoracolumbar spine and is not a disc bulge or Schmorl's node.

After the condition arose, it was worsened during your service. The fall down bunker stairs during a rocket attack alarm on 21 August 2018 occurred on warlike service in the Middle East. The CT-guided needle aspiration of the L4/5 disc on 22 August 2018 was performed at a

coalition role 3 hospital during warlike service in the Middle East, eight hours before the documented worsening. In the 10 years before the worsening, from 22 August 2008 to 22 August 2018, your deployments to Timor-Leste and the Middle East in 2014-15 and 2018 required armour, survival equipment and manual stores handling, giving a cumulative Load-Factor well above 150,000. The 26 months of driving at 31 hours per week on non-warlike service in Timor-Leste, from March 2009 to April 2011, lie within the 10 years before the worsening. More than 2,500 of the 5,060 hours flown in the 10 years before the worsening were flown on operational service in Timor-Leste and the Middle East, including 340 hours on the 2018 deployment. The same operational helicopter hours on warlike and non-warlike service fall within the 10 years before the worsening on 22 August 2018. You were still smoking at the worsening, about 24 pack-years, with heavier smoking on your 2018 warlike deployment. Recurrent Staphylococcus aureus discitis was confirmed on the aspirate of 22 August 2018, taken on warlike service, and was present at the worsening. The 8 years of obesity from 1998 to 2006 lie within the 25 years before the worsening on 22 August 2018. On warlike service in the Middle East in March and April 2015 you waited 22 days for evacuation and MRI because there was no MRI or spinal surgeon in theatre.

This has then led to further investigations and the diagnosis of your condition of *Intervertebral Disc Prolapse (Worsening)*. I have accepted your condition of *Intervertebral Disc Prolapse (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 22 August 2018.

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