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 - Lumbar Radiculopathy

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 8 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 8 April 2025;
- A post-release medical assessment and orthopaedic record by the medical officer, Somalia, dated 2 April 1993;
- A trauma admission and CT lumbar spine by the field hospital, East Timor, dated 14 December 1999;
- An MRI lumbar spine and infectious diseases consultation by the infectious diseases physician, dated 2 February 2000;
- An X-ray lumbar spine by the radiologist, dated 12 July 2001;
- A rheumatology consultation and MRI by the rheumatologist, dated 28 May 2003;
- An endocrinology consultation by the endocrinologist, dated 16 October 2012;
- An MRI lumbar spine and bone scan by the radiologist, dated 10 June 2013;
- An operation report by the spinal surgeon, dated 18 February 2014;
- A post-operative review by the spinal surgeon, dated 21 October 2015;
- An outpatient health record by the medical officer, Garrison health centre, dated 15 March 2016;
- An MRI lumbar spine and spinal surgical consultation by the spinal surgeon, dated 4 April 2016;
- An MRI lumbar spine and nerve conduction studies by the neurologist, dated 22 November 2017;
- A flying logbook summary by the 2004 to 2015, Army aviation.

Your service

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

21 January 1986 and 15 June 2018

Lumbar Spine - Lumbar Radiculopathy

You have stated that your condition was caused by:

- *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*
- *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 5 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: (a) to a cumulative total of at least 150,000 kilograms within any 10 year period before the clinical onset of thoracolumbar spondylosis; and (b) where the clinical onset of thoracolumbar spondylosis occurred within the 25 years following that period*
- *carrying loads of at least 20 kilograms while bearing the weight through the thoracolumbar spine: (a) to a cumulative total of at least 3,800 hours within any 10 year period before the clinical onset of thoracolumbar spondylosis; and (b) where the clinical onset of thoracolumbar spondylosis occurred within the 25 years following that period*
- *for lumbar spondylosis only, flying in an engine powered aircraft as operational aircrew, for a cumulative total of at least 2,000 hours within the 25 years before the clinical onset of*

thoracolumbar spondylosis

- *being obese for at least 10 years within the 25 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: Lumbar Radiculopathy

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 8 April 2025, and is supported by an MRI lumbar spine and spinal surgical consultation by the spinal surgeon, dated 4 April 2016.

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 (Balance of Probabilities) (No. 14 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 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*
- *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 5 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: (a) to a cumulative total of at least 150,000 kilograms within any 10 year period before the clinical onset of thoracolumbar spondylosis; and (b) where the clinical onset of thoracolumbar spondylosis occurred within the 25 years following that period*
- *carrying loads of at least 20 kilograms while bearing the weight through the thoracolumbar spine: (a) to a cumulative total of at least 3,800 hours within any 10 year period before the clinical onset of thoracolumbar spondylosis; and (b) where the clinical onset of thoracolumbar spondylosis occurred within the 25 years following that period*
- *for lumbar spondylosis only, flying in an engine powered aircraft as operational aircrew, for a cumulative total of at least 2,000 hours within the 25 years before the clinical onset of thoracolumbar spondylosis*
- *being obese for at least 10 years within the 25 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 constant low back pain and stiffness with sharp pain radiating from the left buttock down the lateral thigh and calf to the dorsum of the foot, tingling of the left great toe and pain on sitting, bending and coughing on 15 March 2016.

The diagnosis was confirmed on MRI of 4 April 2016, which showed L4–L5 disc space narrowing and desiccation, posterior osteophytes and facet joint hypertrophy with left foraminal stenosis compressing the L4 and L5 nerve roots. This is imaging evidence of degenerative change, including disc space narrowing and osteophytes, and with the symptoms and signs of nerve root compression it meets the Statement of Principles definition of thoracolumbar spondylosis.

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

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 7 March 2016.

Lumbar Spine - Lumbar Radiculopathy (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 8 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 8 April 2025;
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- An MRI lumbar spine and infectious diseases consultation by the infectious diseases physician, dated 2 February 2000;
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- An outpatient health record by the medical officer, Garrison health centre, dated 15 March 2016;
- An MRI lumbar spine and spinal surgical consultation by the spinal surgeon, dated 4 April 2016;
- An MRI lumbar spine and nerve conduction studies by the neurologist, dated 22 November 2017;
- A flying logbook summary by the 2004 to 2015, Army aviation.

Your service

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

21 January 1986 and 15 June 2018

Lumbar Spine - Lumbar Radiculopathy (Worsening)

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

- *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*
- *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 5 years 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 depositional joint disease from the specified list of depositional joint diseases, in the thoracolumbar spine 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: (a) to a cumulative total of at least 150,000 kilograms within any 10 year period before the clinical worsening of thoracolumbar spondylosis; and (b) where the clinical worsening of thoracolumbar spondylosis occurred within the 25 years following that period*
- *carrying loads of at least 20 kilograms while bearing the weight through the thoracolumbar spine: (a) to a cumulative total of at least 3,800 hours within any 10 year period before the clinical worsening of thoracolumbar spondylosis; and (b) where the clinical worsening of thoracolumbar spondylosis occurred within the 25 years following that period*
- *for lumbar spondylosis only, flying in an engine powered aircraft as operational aircrew, for a cumulative total of at least 2,000 hours within the 25 years before the clinical worsening of thoracolumbar spondylosis*
- *being obese for at least 10 years within the 25 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: Lumbar Radiculopathy (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 8 April 2025, and is supported by an MRI lumbar spine and spinal surgical consultation by the spinal surgeon, dated 4 April 2016.

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 (Balance of Probabilities) (No. 14 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 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*
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- *having undergone a spinal fusion, immediately above or below the affected joint, at least 6 months before the clinical worsening of thoracolumbar spondylosis*
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- *lifting loads of at least 20 kilograms while bearing the weight through the thoracolumbar spine: (a) to a cumulative total of at least 150,000 kilograms within any 10 year period before the clinical worsening of thoracolumbar spondylosis; and (b) where the clinical worsening of thoracolumbar spondylosis occurred within the 25 years following that period*
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- *being obese for at least 10 years within the 25 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 constant low back pain and stiffness with sharp pain radiating from the left buttock down the lateral thigh and calf to the dorsum of the foot, tingling of the left great toe and pain on sitting, bending and coughing on 15 March 2016.

The diagnosis was confirmed on MRI of 4 April 2016, which showed L4–L5 disc space narrowing and desiccation, posterior osteophytes and facet joint hypertrophy with left foraminal stenosis compressing the L4 and L5 nerve roots. This is imaging evidence of degenerative change, including disc space narrowing and osteophytes, and with the symptoms and signs of nerve root compression it meets the Statement of Principles definition of thoracolumbar spondylosis.

After the condition arose, it was worsened during your service. Reactive arthritis involving the lumbar spine from 2003 preceded the documented worsening on 22 November 2017, when MRI showed severe stenosis and great toe extension fell to 3/5. L4–L5 bacterial discitis in February 2000 occurred more than 17 years before the worsening. The intra-articular L4 facet fracture of 14 December 1999 occurred at the affected level, nearly 18 years before the worsening. The L5–S1 spondylolisthesis and the Pagetic deformity of L3 persisted throughout the 6 months before the worsening, from 22 May 2017 to 22 November 2017. The L5–S1 fusion of 18 February 2014, immediately below the affected joint, preceded the worsening by more than three years. The uncorrected 2.5 cm right leg shortening persisted throughout the 5 years before the worsening, from 22 November 2012 to 22 November 2017. The spinal trauma of 14 December 1999 occurred within the 20 years before the worsening, from 22 November 1997 to 22

November 2017, and more than 6 months before it. Gout involving the L4–L5 facet joints, shown on dual-energy CT in 2014, preceded the worsening, and a further spinal flare was recorded in August 2017. The fragment injury to the L4–L5 disc in 1999 preceded the worsening at that level. The L4–L5 disc prolapse of June 2013 occurred more than four years before the worsening at the same level. The 190,000 kilograms lifted from 1990 to 1999 fell within a 10-year period before the worsening, which occurred 18 years after that period ended. The 4,600 hours of load carriage from 1987 to 1996 fell within a 10-year period before the worsening, which occurred 21 years after that period ended. The 2,650 hours as operational helicopter aircrew from 2004 to 2015 fell within the 25 years before the worsening. Your BMI was above 30 from May 2003 to the worsening, more than 14 years, and was 32.4 on 22 November 2017. Acromegalic spondylopathy of the lumbar spine, diagnosed in 2012, preceded the worsening. Paget's disease of the L3 vertebra, confirmed in 2013, preceded the worsening. From April to October 2017, while deployed, you could obtain no physiotherapy, repeat imaging or spinal surgical review, and your pregabalin supply ran out for five weeks.

This has then led to further investigations and the diagnosis of your condition of *Lumbar Radiculopathy (Worsening)*. I have accepted your condition of *Lumbar Radiculopathy (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 22 November 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.