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 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 28 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 28 August 2025;
- A trauma admission and operation report by the orthopaedic surgeon, dated 3 August 1988;
- A scanogram report by the radiologist, dated 16 February 1989;
- A post-captivity medical assessment by the medical officer, dated 20 April 1993;
- A CT lumbar spine report by the radiologist, dated 24 November 1999;
- An MRI lumbar spine report by the radiologist, dated 9 August 2000;
- An operation report by the spinal surgeon, dated 11 April 2001;
- A gastroenterology and rheumatology consultations by the gastroenterologist and rheumatologist, dated 4 July 2002;
- A CT-guided aspiration and microbiology reports by the interventional radiologist, dated 19 September 2002;
- A haematology consultation and CT report by the haematologist, dated 12 May 2003;
- An endocrinology consultation by the endocrinologist, dated 25 August 2004;
- A bone scan report by the nuclear medicine physician, dated 17 October 2005;
- A pre-deployment medical examination by the medical officer, Naval health centre, dated 10 January 2006;
- A ship's sick bay record by the medical staff, Middle East, dated 6 June 2006;
- An X-ray and MRI lumbar spine reports and sports medicine consultation by the radiologist and sports physician, dated 5 September 2006;
- A ship's sick bay record by the medical staff, Middle East, dated 14 February 2011;
- An MRI lumbar spine report by the radiologist, dated 22 June 2011.

Your service

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

12 February 1985 and 20 November 2012

Lumbar Spine - Lumbar 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: Lumbar Spondylosis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 28 August 2025, and is supported by an X-ray and MRI lumbar spine reports and sports medicine consultation by the radiologist and sports physician, dated 5 September 2006.

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 low back pain, worse after sorties, deck landings and lifting stores, with morning stiffness for about 45 minutes and pain on arching and twisting on 6 June 2006.

The diagnosis was confirmed by X-ray and MRI on 5 September 2006, which showed disc space narrowing, anterior and posterior osteophytes, facet osteoarthritis and disc desiccation at L3/4 and L4/5, 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 *Lumbar Spondylosis*. I have accepted your condition of *Lumbar 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 6 June 2006.

Lumbar Spine - Lumbar 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 28 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 28 August 2025;
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- A CT lumbar spine report by the radiologist, dated 24 November 1999;
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- An endocrinology consultation by the endocrinologist, dated 25 August 2004;
- A bone scan report by the nuclear medicine physician, dated 17 October 2005;
- A pre-deployment medical examination by the medical officer, Naval health centre, dated 10 January 2006;
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- An X-ray and MRI lumbar spine reports and sports medicine consultation by the radiologist and sports physician, dated 5 September 2006;
- A ship's sick bay record by the medical staff, Middle East, dated 14 February 2011;
- An MRI lumbar spine report by the radiologist, dated 22 June 2011.

Your service

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

12 February 1985 and 20 November 2012

Lumbar Spine - Lumbar 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: Lumbar Spondylosis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 28 August 2025, and is supported by an X-ray and MRI lumbar spine reports and sports medicine consultation by the radiologist and sports physician, dated 5 September 2006.

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*
- *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*

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 low back pain, worse after sorties, deck landings and lifting stores, with morning stiffness for about 45 minutes and pain on arching and twisting on 6 June 2006.

The diagnosis was confirmed by X-ray and MRI on 5 September 2006, which showed disc space narrowing, anterior and posterior osteophytes, facet osteoarthritis and disc desiccation at L3/4 and L4/5, 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 non-warlike service in Cambodia in April 1993 occurred before the clinical worsening on warlike service in the Middle East on 14 February 2011. Enteropathic arthritis involving the lumbar spine was present before the clinical worsening and flared when infliximab lapsed on warlike service in the Middle East. The septic L4/5 facet arthritis of 2002 occurred more than eight years before the clinical worsening on warlike service in the Middle East. The L4 articular process fracture sustained on warlike service off East Timor occurred more than 11 years before the clinical worsening. The degenerative spondylolisthesis of L4 on L5 affected the thoracolumbar spine

throughout the 6 months before the clinical worsening on warlike service in the Middle East, from 14 August 2010 to 14 February 2011. The lordotic abnormality of 70 degrees persisted throughout the 6 months before the clinical worsening on warlike service in the Middle East. The L5/S1 fusion, immediately below the affected joint, was present nearly ten years before the clinical worsening on warlike service in the Middle East. The uncorrected leg length inequality persisted throughout the 2 years before the clinical worsening on warlike service in the Middle East. Haemochromatosis arthropathy of the lumbar facets persisted before the clinical worsening on warlike service in the Middle East. The deck landing on warlike service off East Timor occurred 11 years and 3 months before the clinical worsening, more than 6 months before and within the 20 years before it. The needle aspiration of the L4/5 disc in 2002 pierced the disc before the clinical worsening on warlike service in the Middle East. The L4/5 disc prolapse of 2000 preceded the clinical worsening on warlike service in the Middle East by more than ten years. The cumulative lifting of about 225,000 kilograms between 1985 and 1995, including in Kuwait in 1991, fell within a 10 year period before the clinical worsening, and stores handling continued at sea in 2010 and 2011. The cumulative load carriage of about 4,500 hours between 1985 and 1995, including operational service in Kuwait and Cambodia, exceeded 3,800 hours within a 10 year period before the clinical worsening. You had flown 3,650 hours as operational aircrew by the clinical worsening, including about 400 hours on warlike service in the Middle East in 2010 and 2011. You had been obese for almost 17 years before the clinical worsening on warlike service in the Middle East. Persisting acromegaly involving the thoracolumbar spine was present before the clinical worsening on warlike service in the Middle East. Paget's disease of L4 persisted before the clinical worsening on warlike service in the Middle East. On warlike service at sea in the Middle East from November 2010 you could not obtain physiotherapy, imaging or specialist review, your infliximab lapsed for five months, and you continued flying.

This has then led to further investigations and the diagnosis of your condition of *Lumbar Spondylosis (Worsening)*. I have accepted your condition of *Lumbar 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 14 February 2011.

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.