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 - 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 18 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 February 2025;
- A battalion medical record by the medical officer, Somalia, dated 8 March 1993;
- A field hospital admission by the orthopaedic surgeon, East Timor, dated 2 December 1999;
- A trauma admission and CT report by Role 3 hospital, Afghanistan, dated 18 July 2007;
- An operation report and discharge summary by the spinal surgeon, dated 9 October 2007;
- A discography and bone scan reports by the radiologist, dated 26 March 2008;
- An endocrinology consultation by the endocrinologist, dated 26 March 2008;
- An annual health assessment by the medical officer, Garrison health centre, dated 12 November 2009;
- A dual energy CT report by the radiologist, dated 12 November 2009;
- An outpatient health record by the medical officer, Garrison health centre, dated 22 March 2010;
- Radiographs and CT lumbar spine by the radiologist, dated 14 April 2010;
- A specialist consultation by the spinal surgeon, dated 3 June 2010;
- An MRI lumbar spine by the radiologist, dated 12 December 2012.

Your service

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

22 January 1990 and 18 August 2016

Lumbar Spine - Spondylosis

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: Spondylosis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 February 2025, and is supported by radiographs and CT lumbar spine by the radiologist, dated 14 April 2010.

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 daily low back pain centred at L3/4 and the lumbosacral junction, morning stiffness, pain on extension and after lifting, and pain on long sorties on 22 March 2010.

The diagnosis was confirmed by radiographs and CT on 14 April 2010, which showed disc space narrowing with anterior and posterior osteophytes and facet arthropathy at L3/4 and L5/S1, above and below a solid L4/5 fusion. This is imaging evidence of degenerative change as defined in the Statement of Principles, and the change is not diffuse idiopathic skeletal hyperostosis, Scheuermann disease or an isolated disc bulge.

This has then led to further investigations and the diagnosis of your condition of *Spondylosis*. I have accepted your condition of *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 peacetime service.

I have therefore accepted that this condition is related to your service with effect from 8 March 2010.

Lumbar Spine - 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 18 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 February 2025;
- A battalion medical record by the medical officer, Somalia, dated 8 March 1993;
- A field hospital admission by the orthopaedic surgeon, East Timor, dated 2 December 1999;
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- An endocrinology consultation by the endocrinologist, dated 26 March 2008;
- An annual health assessment by the medical officer, Garrison health centre, dated 12 November 2009;
- A dual energy CT report by the radiologist, dated 12 November 2009;
- An outpatient health record by the medical officer, Garrison health centre, dated 22 March 2010;
- Radiographs and CT lumbar spine by the radiologist, dated 14 April 2010;
- A specialist consultation by the spinal surgeon, dated 3 June 2010;
- An MRI lumbar spine by the radiologist, dated 12 December 2012.

Your service

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

22 January 1990 and 18 August 2016

Lumbar Spine - 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: Spondylosis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 February 2025, and is supported by radiographs and CT lumbar spine by the radiologist, dated 14 April 2010.

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*
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- *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 centred at L3/4 and the lumbosacral junction, morning stiffness, pain on extension and after lifting, and pain on long sorties on 22 March 2010.

The diagnosis was confirmed by radiographs and CT on 14 April 2010, which showed disc space narrowing with anterior and posterior osteophytes and facet arthropathy at L3/4 and L5/S1, above and below a solid L4/5 fusion. This is imaging evidence of degenerative change as defined in the Statement of Principles, and the change is not diffuse idiopathic skeletal hyperostosis, Scheuermann disease or an isolated disc bulge.

After the condition arose, it was worsened during your service. The four days of captivity in Somalia in April 1993 preceded the worsening on warlike service in Afghanistan on 14 August 2012. The reactive arthritis from warlike service in Somalia remained active in the lumbar spine, with a flare in early 2012, before the worsening. The septic L3/4 facet joint of October 2007, a complication of treatment for warlike injuries, preceded the worsening by almost five years. The L4 facet fracture from warlike service in Afghanistan in 2007 preceded the worsening of 14 August 2012 by five years. The L4 wedge deformity and scoliosis from warlike injuries affected the lumbar spine throughout the 6 months before the worsening on warlike service in Afghanistan. The 8 degree segmental kyphosis persisted on imaging and affected the lumbar spine throughout the 6 months before the worsening on 14 August 2012. The L4/5 fusion of October 2007 preceded the worsening on warlike service in Afghanistan by almost five years. The right leg shortening from warlike service in East Timor remained uncorrected throughout the 2 years before the worsening. Gout in the lumbar facet joints persisted, with attacks during the 2012 deployment to Afghanistan, before the worsening. The hard landing trauma on warlike service in Afghanistan in 2007 occurred within the 20 years before the worsening and more than 6 months before it. The fragment injury of the L3/4 disc on warlike service in 2007 and the discography of 2008 preceded the worsening at the affected levels. The L3/4 disc prolapse from

warlike service in Afghanistan in 2007 preceded the worsening at L3/4 by five years. Within the 10 years before the worsening, from 14 August 2002 to 14 August 2012, you lifted more than 1,200,000 kilograms in loads of 20 kilograms or more, including heavy cargo work on warlike service in Afghanistan in 2007 and from April to August 2012. The 10 year carrying period from 1990 to 2000, including warlike service in Somalia and East Timor, gave about 5,000 hours of load carriage before the worsening. Of about 3,150 flying hours before the worsening, more than 1,000 were flown on warlike service in Afghanistan in 2007 and 2012, all within the 25 years before it. Your BMI was 30 or more for more than 14 years before the worsening on warlike service in Afghanistan in 2012. Acromegaly involving the lumbar vertebrae remained active before the worsening on warlike service in 2012. Paget's disease of L2 and L3 was present before the worsening on warlike service in Afghanistan in August 2012. On warlike service in Afghanistan from May to November 2012 you could not obtain physiotherapy, imaging or a specialist opinion for escalating back pain and new sciatica, and operational demands kept you loading cargo.

This has then led to further investigations and the diagnosis of your condition of *Spondylosis (Worsening)*. I have accepted your condition of *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 August 2012.

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.