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 - Spondylolisthesis

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 3 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 June 2025;
- A trauma admission by the MRI and x-ray reports, Spinal surgeon and Radiologist, dated 9 July 1997;
- An operation report by the spinal surgeon, dated 22 September 1997;
- A pre-deployment medical examination by the medical officer, RAAF health centre, dated 6 September 1999;
- A field hospital admission and X-ray report by the east timor, dated 3 December 1999;
- A CT lumbar spine report by the radiologist, Darwin, dated 10 December 1999;
- An operation report by the spinal surgeon, dated 14 May 2008;
- An MRI lumbar spine report by the radiologist, dated 11 March 2009;
- A rheumatology consultation by the rheumatologist, dated 17 August 2010;
- A bone densitometry and MRI reports by the radiologist, dated 6 June 2012;
- A spinal surgical review and X-ray report by the spinal surgeon, dated 8 January 2013;
- A role 3 facility consultation by the x-ray and CT reports, Afghanistan, dated 28 April 2013;
- An MRI lumbar spine report by the radiologist, dated 10 September 2013;
- An operation report by the spinal surgeon, dated 20 February 2014.

Your service

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

18 January 1994 and 5 May 2016

Lumbar - Spondylolisthesis

You have stated that your condition was caused by:

- *experiencing a high impact trauma to the spine resulting in an acute fracture of the vertebral arch at the time of clinical onset or clinical worsening*
- *experiencing a high impact trauma to the spine resulting in an acute fracture of the vertebral arch or dislocation of the involved vertebra within the 1 year before clinical onset or clinical worsening of spondylolisthesis*
- *for persons less than 25 years of age only, engaging in activities involving repetitive and forceful hyperextension, torsion or rotation against resistance of the spine for an average period of at least 10 hours per week for the 6 months before clinical onset or clinical worsening of spondylolysis or spondylolytic spondylolisthesis*
- *having undergone a spinal fusion of a segment of adjacent vertebrae to permanently connect 2 or more vertebrae in the spine, eliminating motion between them before clinical onset*
- *having undergone spinal surgery involving resection of the facet joints or parts of the vertebral arch (including laminectomy, laminotomy and facetectomy) at the level of the involved vertebra, or surgery to the spine that damages the integrity and stability of the spine at the level of the involved vertebra before clinical onset or clinical worsening*
- *having spondylosis at the level of the involved vertebra, before clinical onset or clinical worsening of degenerative spondylolisthesis of the lumbar or cervical spine*
- *having pathological damage to the affected vertebra at the time of clinical onset or clinical worsening*
- *having rheumatoid arthritis involving the affected vertebra at the time of clinical onset or clinical worsening of spondylolisthesis*
- *having a Body Mass Index (BMI) of 30 or greater for the 5 years before clinical onset or clinical worsening of degenerative anterolisthesis*

Diagnosis: Spondylolisthesis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 June 2025, and is supported by a CT lumbar spine report by the radiologist, Darwin, dated 10 December 1999.

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

Statement of Principles concerning Spondylolisthesis and Spondylolysis (Reasonable Hypothesis) (No. 56 of 2025)

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

I am satisfied that you have met the following factor:

- *experiencing a high impact trauma to the spine resulting in an acute fracture of the vertebral arch at the time of clinical onset or clinical worsening*
- *experiencing a high impact trauma to the spine resulting in an acute fracture of the vertebral arch or dislocation of the involved vertebra within the 1 year before clinical onset or clinical worsening of spondylolisthesis*
- *for persons less than 25 years of age only, engaging in activities involving repetitive and forceful hyperextension, torsion or rotation against resistance of the spine for an average period of at least 10 hours per week for the 6 months before clinical onset or clinical worsening of spondylolysis or spondylolytic spondylolisthesis*
- *having undergone a spinal fusion of a segment of adjacent vertebrae to permanently connect 2 or more vertebrae in the spine, eliminating motion between them before clinical onset*
- *having undergone spinal surgery involving resection of the facet joints or parts of the vertebral arch (including laminectomy, laminotomy and facetectomy) at the level of the involved vertebra, or surgery to the spine that damages the integrity and stability of the spine at the level of the involved vertebra before clinical onset or clinical worsening*
- *having spondylosis at the level of the involved vertebra, before clinical onset or clinical worsening of degenerative spondylolisthesis of the lumbar or cervical spine*
- *having pathological damage to the affected vertebra at the time of clinical onset or clinical worsening*
- *having rheumatoid arthritis involving the affected vertebra at the time of clinical onset or clinical worsening of spondylolisthesis*
- *having a Body Mass Index (BMI) of 30 or greater for the 5 years before clinical onset or clinical worsening of degenerative anterolisthesis*

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 sudden severe low back pain after the fall, worse on standing, arching backwards and lifting, with spasm and difficulty walking on 3 December 1999.

The diagnosis was confirmed by CT on 10 December 1999, which showed acute bilateral L5 pars fractures with an 8 per cent forward displacement of L5 on S1, meeting the Statement of Principles definition of spondylolisthesis and of spondylolytic spondylolisthesis, a slip developing where there is spondylolysis of the affected vertebra. X-ray at the field hospital on 3 December 1999 had already shown the fractures and slip.

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

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 3 December 1999.

Lumbar - Spondylolisthesis (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 3 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 June 2025;
- A trauma admission by the MRI and x-ray reports, Spinal surgeon and Radiologist, dated 9 July 1997;
- An operation report by the spinal surgeon, dated 22 September 1997;
- A pre-deployment medical examination by the medical officer, RAAF health centre, dated 6 September 1999;
- A field hospital admission and X-ray report by the east timor, dated 3 December 1999;
- A CT lumbar spine report by the radiologist, Darwin, dated 10 December 1999;
- An operation report by the spinal surgeon, dated 14 May 2008;
- An MRI lumbar spine report by the radiologist, dated 11 March 2009;
- A rheumatology consultation by the rheumatologist, dated 17 August 2010;
- A bone densitometry and MRI reports by the radiologist, dated 6 June 2012;
- A spinal surgical review and X-ray report by the spinal surgeon, dated 8 January 2013;
- A role 3 facility consultation by the x-ray and CT reports, Afghanistan, dated 28 April 2013;
- An MRI lumbar spine report by the radiologist, dated 10 September 2013;
- An operation report by the spinal surgeon, dated 20 February 2014.

Your service

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

18 January 1994 and 5 May 2016

Lumbar - Spondylolisthesis (Worsening)

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

- *experiencing a high impact trauma to the spine resulting in an acute fracture of the vertebral arch at the time of clinical onset or clinical worsening*
- *experiencing a high impact trauma to the spine resulting in an acute fracture of the vertebral arch or dislocation of the involved vertebra within the 1 year before clinical onset or clinical worsening of spondylolisthesis*
- *for persons less than 25 years of age only, engaging in activities involving repetitive and forceful hyperextension, torsion or rotation against resistance of the spine for an average period of at least 10 hours per week for the 6 months before clinical onset or clinical worsening of spondylolysis or spondylolytic spondylolisthesis*
- *having undergone spinal surgery involving resection of the facet joints or parts of the vertebral arch (including laminectomy, laminotomy and facetectomy) at the level of the involved vertebra, or surgery to the spine that damages the integrity and stability of the spine at the level of the involved vertebra before clinical onset or clinical worsening*
- *having spondylosis at the level of the involved vertebra, before clinical onset or clinical worsening of degenerative spondylolisthesis of the lumbar or cervical spine*
- *having pathological damage to the affected vertebra at the time of clinical onset or clinical worsening*
- *having rheumatoid arthritis involving the affected vertebra at the time of clinical onset or clinical worsening of spondylolisthesis*
- *having a Body Mass Index (BMI) of 30 or greater for the 5 years before clinical onset or clinical worsening of degenerative anterolisthesis*
- *having trauma to affected region of the spine at the time of clinical worsening of spondylolytic spondylolisthesis*
- *inability to obtain appropriate clinical management for spondylolisthesis or spondylolysis before clinical worsening*

Diagnosis: Spondylolisthesis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 June 2025, and is supported by a CT lumbar spine report by the radiologist, Darwin, dated 10 December 1999.

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

Statement of Principles concerning Spondylolisthesis and Spondylolysis (Reasonable Hypothesis) (No. 56 of 2025)

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

I am satisfied that you have met the following factor:

- *experiencing a high impact trauma to the spine resulting in an acute fracture of the vertebral arch at the time of clinical onset or clinical worsening*

- *experiencing a high impact trauma to the spine resulting in an acute fracture of the vertebral arch or dislocation of the involved vertebra within the 1 year before clinical onset or clinical worsening of spondylolisthesis*
- *for persons less than 25 years of age only, engaging in activities involving repetitive and forceful hyperextension, torsion or rotation against resistance of the spine for an average period of at least 10 hours per week for the 6 months before clinical onset or clinical worsening of spondylolysis or spondylolytic spondylolisthesis*
- *having undergone spinal surgery involving resection of the facet joints or parts of the vertebral arch (including laminectomy, laminotomy and facetectomy) at the level of the involved vertebra, or surgery to the spine that damages the integrity and stability of the spine at the level of the involved vertebra before clinical onset or clinical worsening*
- *having spondylosis at the level of the involved vertebra, before clinical onset or clinical worsening of degenerative spondylolisthesis of the lumbar or cervical spine*
- *having pathological damage to the affected vertebra at the time of clinical onset or clinical worsening*
- *having rheumatoid arthritis involving the affected vertebra at the time of clinical onset or clinical worsening of spondylolisthesis*
- *having a Body Mass Index (BMI) of 30 or greater for the 5 years before clinical onset or clinical worsening of degenerative anterolisthesis*
- *having trauma to affected region of the spine at the time of clinical worsening of spondylolytic spondylolisthesis*
- *inability to obtain appropriate clinical management for spondylolisthesis or spondylolysis before clinical worsening*

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 sudden severe low back pain after the fall, worse on standing, arching backwards and lifting, with spasm and difficulty walking on 3 December 1999.

The diagnosis was confirmed by CT on 10 December 1999, which showed acute bilateral L5 pars fractures with an 8 per cent forward displacement of L5 on S1, meeting the Statement of Principles definition of spondylolisthesis and of spondylolytic spondylolisthesis, a slip developing where there is spondylolysis of the affected vertebra. X-ray at the field hospital on 3 December 1999 had already shown the fractures and slip.

After the condition arose, it was worsened during your service. The fall of 3 December 1999 occurred on warlike service in East Timor, when the truck on whose tailgate you were standing lurched during the unloading of stores at the airfield. On warlike service in Afghanistan on 26 April 2013 you fell into a concrete bunker during an indirect fire attack, sustaining an acute fracture of the left L4 lamina on CT on 28 April 2013. You, aged 23, played front-row rugby and trained in Olympic weightlifting for an average of 11 hours a week throughout the 6 months before onset, from 3 June 1999 to 3 December 1999, and continued weight training at the same volume on warlike service in East Timor from 20 September 1999. The right L5 laminotomy and

foraminotomy of 14 May 2008, at the level of the involved vertebra, was performed to treat the slip that began on warlike service in East Timor. Spondylosis at L4/5 was present on MRI on 11 March 2009, having developed above the slipped L5 segment after the injury on warlike service in East Timor. Corticosteroid-induced osteoporosis, with a lumbar T-score of minus 2.7 in June 2012, and an insufficiency fracture of the L5 superior endplate were present at the time of the clinical worsening on warlike service in Afghanistan on 26 April 2013. Seropositive rheumatoid arthritis with erosion and synovitis of the L5/S1 facet joints, shown on MRI on 6 June 2012, was active at the time of the clinical worsening on warlike service in Afghanistan on 26 April 2013, with an ESR of 48 mm/hr recorded before deployment. Your BMI was 30 or greater from 12 March 2007, and 32.7 on 8 January 2013, throughout the 5 years before the clinical worsening on warlike service in Afghanistan on 26 April 2013, including the development of the degenerative anterolisthesis at L4/5. On warlike service in Afghanistan on 26 April 2013 you fell into a concrete bunker during an indirect fire attack, striking your lower back on the step. On warlike service in Afghanistan from 15 January 2013 you could not obtain the physiotherapy, bracing advice, surgical review and osteoporosis treatment recommended on 8 January 2013, because none was available at your location, and you wore 20 kilograms of armour and equipment on 12-hour security shifts.

This has then led to further investigations and the diagnosis of your condition of *Spondylolisthesis (Worsening)*. I have accepted your condition of *Spondylolisthesis (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 26 April 2013.

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