# 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 Spondylosis with Disc Bulges and Annular Tear

### 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 15 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 15 October 2025;
- An orthopaedic operation report by the orthopaedic surgeon, dated 3 June 1997;
- A field hospital record and CT report by the middle east, dated 18 May 2003;
- An operation report by the spinal surgeon, dated 21 October 2003;
- A gastroenterology and rheumatology consultations by the gastroenterologist, dated 16 August 2005;
- An MRI lumbar spine by the radiologist, dated 4 March 2008;
- An epidural injection procedure note by the pain specialist, dated 11 October 2010;
- An MRI lumbar spine and biopsy report by the infectious diseases physician, dated 25 October 2010;
- A metabolic and endocrinology consultations and bone scan report by the endocrinologist, dated 14 November 2012;
- A periodic health examination by the medical officer, dated 20 November 2012;
- An outpatient health record by the medical officer, Base medical centre, dated 17 May 2013;
- An MRI lumbar spine by the radiologist, dated 26 June 2013;
- A specialist consultation by the spinal surgeon, dated 6 August 2013;
- An MRI lumbar spine by the radiologist, dated 30 May 2018.

## Your service

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

9 October 1995 and 15 March 2021

## Lumbar Spondylosis with Disc Bulges and Annular Tear

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 Spondylosis with Disc Bulges and Annular Tear

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 15 October 2025, and is supported by an MRI lumbar spine by the radiologist, dated 26 June 2013.

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 across L4 to S1 with morning stiffness, pain after sitting at the console for more than an hour and pain on bending, lifting and loading stores on 17 May 2013.

The diagnosis was confirmed by MRI on 26 June 2013, which showed disc space narrowing and osteophytes at L4/5 and L5/S1 with facet arthropathy, broad-based disc bulges at both levels and a posterior annular tear at L4/5, below a solid L3/4 fusion. This is imaging evidence of degenerative change, including disc space narrowing and osteophytes, and the bulges occur with other signs of disc degeneration, so they are not excluded by the Statement of Principles.

This has then led to further investigations and the diagnosis of your condition of *Lumbar Spondylosis with Disc Bulges and Annular Tear*. I have accepted your condition of *Lumbar Spondylosis with Disc Bulges and Annular Tear*.

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 May 2013.

# Lumbar Spondylosis with Disc Bulges and Annular Tear (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 15 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 15 October 2025;
- An orthopaedic operation report by the orthopaedic surgeon, dated 3 June 1997;
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- An operation report by the spinal surgeon, dated 21 October 2003;
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- A metabolic and endocrinology consultations and bone scan report by the endocrinologist, dated 14 November 2012;
- A periodic health examination by the medical officer, dated 20 November 2012;
- An outpatient health record by the medical officer, Base medical centre, dated 17 May 2013;
- An MRI lumbar spine by the radiologist, dated 26 June 2013;
- A specialist consultation by the spinal surgeon, dated 6 August 2013;
- An MRI lumbar spine by the radiologist, dated 30 May 2018.

## Your service

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

9 October 1995 and 15 March 2021

# Lumbar Spondylosis with Disc Bulges and Annular Tear (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 Spondylosis with Disc Bulges and Annular Tear (Worsening)

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 15 October 2025, and is supported by an MRI lumbar spine by the radiologist, dated 26 June 2013.

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*
- *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*
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- *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*

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 across L4 to S1 with morning stiffness, pain after sitting at the console for more than an hour and pain on bending, lifting and loading stores on 17 May 2013.

The diagnosis was confirmed by MRI on 26 June 2013, which showed disc space narrowing and osteophytes at L4/5 and L5/S1 with facet arthropathy, broad-based disc bulges at both levels and a posterior annular tear at L4/5, below a solid L3/4 fusion. This is imaging evidence of degenerative change, including disc space narrowing and osteophytes, and the bulges occur with other signs of disc degeneration, so they are not excluded by the Statement of Principles.

After the condition arose, it was worsened during your service. Enteropathic arthritis with lumbar involvement remained active, with a flare in early 2018, before the worsening on 30 May 2018. The L4/5 discitis of October 2010 occurred more than seven years before the worsening, in a joint that worsened. The L4/5 facet fracture of 18 May 2003 occurred more than 6 months before the worsening, at an affected level. The L3/4 spondylolisthesis and lumbar scoliosis persisted throughout the 6 months before the worsening, from 30 November 2017 to 30 May 2018. The L3/4 fusion of 21 October 2003, immediately above the affected L4/5 joint, was more than 14 years before the worsening. The uncorrected 2.5 cm leg length inequality persisted throughout the 5 years before the worsening, from 30 May 2013 to 30 May 2018. The fall of 18 May 2003 occurred within the 20 years before the worsening, from 30 May 1998 to 30 May

2018, and more than 6 months before it. Alkaptonuria persisted, with progression of ochronotic disc calcification on the May 2018 imaging, before the worsening. The needle puncture of the L4/5 disc in 2010 occurred before the worsening, at an affected level. The L4/5 disc protrusion of March 2008 occurred more than 6 months before the worsening, at an affected level. Your lifting of more than 1,800,000 kilograms of loads of at least 20 kilograms between 1995 and 2005 was followed by the worsening on 30 May 2018, within 25 years of that period. Your more than 4,000 hours of load carriage between 1995 and 2005 was followed by the worsening on 30 May 2018, within 25 years of that period. By the worsening you had flown about 3,700 hours as operational aircrew, all within the 25 years before it. Your BMI was 33.5 in April 2018. Acromegaly with lumbar involvement persisted with a raised IGF-1 before the worsening. Paget's disease of L5 persisted, with a raised alkaline phosphatase in 2017, before the worsening. During your deployment from September 2017 to March 2018 the physiotherapy arranged for your spondylosis was not available and your Crohn's monitoring was suspended, and the condition worsened, as shown on MRI on 30 May 2018.

This has then led to further investigations and the diagnosis of your condition of *Lumbar Spondylosis with Disc Bulges and Annular Tear (Worsening)*. I have accepted your condition of *Lumbar Spondylosis with Disc Bulges and Annular Tear (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 30 May 2018.

*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.*