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

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 March 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 March 2025;
- An orthopaedic operation report by the orthopaedic surgeon, dated 12 August 1998;
- A rheumatology consultation by the rheumatologist, dated 14 March 2000;
- A trauma admission and CT report by Role 3 hospital, Afghanistan, dated 22 July 2008;
- An MRI lumbar spine and infectious diseases consultation by the infectious diseases physician, dated 19 August 2008;
- An MRI lumbar spine by the radiologist, dated 16 February 2010;
- An operation report by the spinal surgeon, dated 14 April 2011;
- An endocrinology consultation by the endocrinologist, dated 21 November 2011;
- A post-operative review by the spinal surgeon, dated 12 April 2012;
- A dual-energy CT and bone scan reports by the nuclear medicine physician, dated 5 December 2012;
- An outpatient health record by the medical officer, Base health centre, dated 24 June 2013;
- An MRI lumbar spine by the radiologist, dated 9 August 2013;
- A specialist consultation by the spinal surgeon, dated 2 October 2013;
- An MRI lumbar spine and pain medicine referral by the medical officer, dated 12 April 2017.

Your service

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

20 January 1995 and 30 June 2019

Lumbar 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: Lumbar Spondylosis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 March 2025, and is supported by an MRI lumbar spine by the radiologist, dated 9 August 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 central and left-sided low back pain with morning stiffness lasting about an hour, pain on sitting for more than 30 minutes in the aircraft, and pain on bending and lifting on 24 June 2013.

The diagnosis was confirmed by MRI of the lumbar spine on 9 August 2013, which showed L4/5 disc desiccation and disc space narrowing with anterior and posterior osteophytes and facet joint hypertrophy, and early disc degeneration at L3/4, above a solid L5/S1 fusion. This is imaging evidence of degenerative change, including disc space narrowing and osteophytes, as the Statement of Principles requires.

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 peacetime service.

I have therefore accepted that this condition is related to your service with effect from 15 June 2013.

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 18 March 2025;
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- An MRI lumbar spine by the radiologist, dated 9 August 2013;
- A specialist consultation by the spinal surgeon, dated 2 October 2013;
- An MRI lumbar spine and pain medicine referral by the medical officer, dated 12 April 2017.

Your service

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

20 January 1995 and 30 June 2019

Lumbar Spondylosis (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 (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 March 2025, and is supported by an MRI lumbar spine by the radiologist, dated 9 August 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*
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- *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*
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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 central and left-sided low back pain with morning stiffness lasting about an hour, pain on sitting for more than 30 minutes in the aircraft, and pain on bending and lifting on 24 June 2013.

The diagnosis was confirmed by MRI of the lumbar spine on 9 August 2013, which showed L4/5 disc desiccation and disc space narrowing with anterior and posterior osteophytes and facet joint hypertrophy, and early disc degeneration at L3/4, above a solid L5/S1 fusion. This is imaging evidence of degenerative change, including disc space narrowing and osteophytes, as the Statement of Principles requires.

After the condition arose, it was worsened during your service. Reactive arthritis with lumbar involvement continued to flare after onset, with raised inflammatory markers in 2015, and was present before the worsening on 12 April 2017. The L4/5 discitis of August 2008 occurred more than eight years before the worsening on 12 April 2017, in the joint that worsened. The L4 facet fracture of 22 July 2008, entering the L4/5 facet joint, occurred more than 6 months before the worsening on 12 April 2017 at the level of the affected joint. The L5/S1 spondylolisthesis, stabilised but not reduced by the fusion, affected the lumbar spine throughout the 6 months before the worsening, from 12 October 2016 to 12 April 2017. The L5/S1 fusion of 14 April 2011, immediately below the affected L4/5 joint, was almost six years before the worsening on 12 April 2017. The uncorrected 2.4 cm leg length inequality persisted throughout the 5 years before the worsening, from 12 April 2012 to 12 April 2017. The trauma of 22 July 2008 occurred within the 20 years before the worsening, from 12 April 1997 to 12 April 2017, and more than 6 months before it. Spinal gout remained active, with an acute flare of low back pain and a serum urate of 0.55 mmol/L recorded in the Middle East in November 2016 when allopurinol supplies ran out, before the worsening on 12 April 2017. The fragment wound to the L4/5 disc of 22 July 2008 occurred before the worsening on 12 April 2017, at the level that worsened. The L4/5 disc

prolapse of February 2010 occurred more than 6 months before the worsening on 12 April 2017, at the level that worsened. You continued to load cargo as an aircrewman, lifting well over 150,000 kilograms of loads of at least 20 kilograms in the 10 years from 12 April 2007 to 12 April 2017, and the worsening followed immediately. Your carrying of more than 3,800 hours of loads of at least 20 kilograms between 20 January 1995 and 20 January 2005 was followed by the worsening on 12 April 2017, within 25 years of that period. By the worsening on 12 April 2017 you had flown about 3,600 hours as operational aircrew, all within the 25 years before it. Your BMI was 33.1 in January 2017. Acromegaly with lumbar vertebral involvement remained under treatment with octreotide and was present before the worsening on 12 April 2017. Paget's disease of L3 remained active, with a raised alkaline phosphatase in 2016, before the worsening on 12 April 2017. During your deployment from August 2016 to February 2017 the physiotherapy and medial branch block arranged for your spondylosis could not be provided, and your allopurinol lapsed.

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 peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 12 April 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.