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 Sprain

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 11 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 11 February 2025;
- A pre-deployment medical examination by the medical officer, dated 17 November 2009;
- A battery medic treatment record by the afghanistan, dated 21 April 2010;
- A patrol base medical record and X-ray report by the medical officer, dated 6 May 2010;
- A sports medicine consultation and MRI report by the sports physician, dated 22 November 2010;
- A sports medicine review by the sports physician, dated 15 June 2011;
- An exercise injury report and health centre record by the medical officer, dated 14 August 2013;
- A deployed health record by the medical officer, Iraq, dated 26 March 2017;
- An MRI lumbar spine and sports medicine review by the sports physician, dated 29 August 2017.

Your service

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

23 February 2004 and 30 June 2019

Lumbar Sprain

You have stated that your condition was caused by:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical onset of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical onset of a strain to that muscle or tendon*

Diagnosis: Lumbar Sprain

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 11 February 2025, and is supported by a patrol base medical record and X-ray report by the medical officer, dated 6 May 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 Sprain and Strain (Reasonable Hypothesis) (No. 27 of 2020)

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

I am satisfied that you have met the following factor:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical onset of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical onset of a strain to that muscle or tendon*

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 severe left-sided low back pain with spasm, inability to straighten, and pain on bending, lifting and twisting on 21 April 2010.

The diagnosis was made clinically by the medical officer on 6 May 2010 and confirmed by a sports physician on 22 November 2010. The injury followed a clearly described mechanism of a slip while lifting with rotation under a 43 kilogram load, with immediate pain, spasm and loss of movement. Examination showed tenderness over the L4/5 and L5/S1 interspinous spaces and the left iliolumbar region, spasm of the left erector spinae and quadratus lumborum, and restricted flexion, with a normal neurological examination.

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

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 21 April 2010.

Lumbar Sprain (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 11 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 11 February 2025;
- A pre-deployment medical examination by the medical officer, dated 17 November 2009;
- A battery medic treatment record by the afghanistan, dated 21 April 2010;
- A patrol base medical record and X-ray report by the medical officer, dated 6 May 2010;
- A sports medicine consultation and MRI report by the sports physician, dated 22 November 2010;
- A sports medicine review by the sports physician, dated 15 June 2011;
- An exercise injury report and health centre record by the medical officer, dated 14 August 2013;
- A deployed health record by the medical officer, Iraq, dated 26 March 2017;
- An MRI lumbar spine and sports medicine review by the sports physician, dated 29 August 2017.

Your service

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

23 February 2004 and 30 June 2019

Lumbar Sprain (Worsening)

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

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical worsening of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical worsening of a strain to that muscle or tendon*
- *inability to obtain appropriate clinical management for sprain or strain*

Diagnosis: Lumbar Sprain (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 11 February 2025, and is supported by a patrol base medical record and X-ray report by the medical officer, dated 6 May 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 Sprain and Strain (Balance of Probabilities) (No. 28 of 2020)

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

I am satisfied that you have met the following factor:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical worsening of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical worsening of a strain to that muscle or tendon*
- *inability to obtain appropriate clinical management for sprain or strain*

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 severe left-sided low back pain with spasm, inability to straighten, and pain on bending, lifting and twisting on 21 April 2010.

The diagnosis was made clinically by the medical officer on 6 May 2010 and confirmed by a sports physician on 22 November 2010. The injury followed a clearly described mechanism of a slip while lifting with rotation under a 43 kilogram load, with immediate pain, spasm and loss of movement. Examination showed tenderness over the L4/5 and L5/S1 interspinous spaces and the left iliolumbar region, spasm of the left erector spinae and quadratus lumborum, and restricted flexion, with a normal neurological examination.

After the condition arose, it was worsened during your service. On 14 August 2013, on a live-fire exercise in Australia, you stepped down about 1.5 metres from a truck tray carrying a charge container and landed on uneven ground with a twist to the right. In the same fall on 14 August 2013 the left lumbar paraspinal muscles contracted violently to brace the trunk and the charge container on landing and were stretched as you twisted. After the injury on 21 April 2010 you remained at a patrol base for almost five months without physiotherapy or a graded return-to-lifting program, and resumed lifting 43 kilogram projectiles after ten days.

This has then led to further investigations and the diagnosis of your condition of *Lumbar Sprain (Worsening)*. I have accepted your condition of *Lumbar Sprain (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 14 August 2013.

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