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 Strain

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 7 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 May 2025;
- A pre-deployment health assessment by the medical officer, Garrison health centre, dated 14 February 2006;
- A deployed health record by the regimental medical officer, Iraq, dated 18 November 2006;
- A deployed health record by the regimental medical officer, Iraq, dated 6 December 2006;
- A physiotherapy assessment by the physiotherapist, Garrison health centre, dated 20 February 2007;
- An X-ray lumbar spine report by the radiologist, dated 12 April 2007;
- A patrol base casualty record by the combat medic, Afghanistan, dated 22 July 2012;
- An MRI lumbar spine report by the radiologist, dated 30 November 2012;
- A specialist consultation by the sports physician, dated 30 November 2012;
- A medical employment classification review by the senior medical officer, dated 15 March 2014.

Your service

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

3 February 2003 and 14 October 2016

Lumbar Strain

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; or through the affected joint include falls, collisions, lifting weights, running, jumping or stepping down from a height, throwing objects and climbing*
- *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 Strain

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 May 2025, and is supported by a deployed health record by the regimental medical officer, Iraq, dated 18 November 2006.

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; or through the affected joint include falls, collisions, lifting weights, running, jumping or stepping down from a height, throwing objects and climbing*
- *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 sudden, severe left-sided low back pain with muscle spasm, difficulty standing upright, pain on bending, lifting and twisting, and stiffness on waking on 18 November 2006.

The diagnosis was made clinically by the regimental medical officer on 18 November 2006 on the history of an acute lift and twisting fall followed by immediate pain, and on examination findings of left paraspinal spasm, tenderness over the left erector spinae, the left L4-5 facet joint and the iliolumbar region, and restricted, painful flexion. This meets the Statement of Principles definition of a strain, an acute injury to a muscle or tendon, and of a sprain, an acute injury to a joint ligament.

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

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 18 November 2006.

Lumbar Strain (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 7 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 May 2025;
- A pre-deployment health assessment by the medical officer, Garrison health centre, dated 14 February 2006;
- A deployed health record by the regimental medical officer, Iraq, dated 18 November 2006;
- A deployed health record by the regimental medical officer, Iraq, dated 6 December 2006;
- A physiotherapy assessment by the physiotherapist, Garrison health centre, dated 20 February 2007;
- An X-ray lumbar spine report by the radiologist, dated 12 April 2007;
- A patrol base casualty record by the combat medic, Afghanistan, dated 22 July 2012;
- An MRI lumbar spine report by the radiologist, dated 30 November 2012;
- A specialist consultation by the sports physician, dated 30 November 2012;
- A medical employment classification review by the senior medical officer, dated 15 March 2014.

Your service

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

3 February 2003 and 14 October 2016

Lumbar Strain (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; Statement of Principles concerning 4 of 6 or through the affected joint include falls, collisions, lifting weights, running, jumping or stepping down from a height, throwing objects and climbing*
- *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 Strain (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 May 2025, and is supported by a deployed health record by the regimental medical officer, Iraq, dated 18 November 2006.

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 worsening of a sprain to that joint ligament; Statement of Principles concerning 4 of 6 or through the affected joint include falls, collisions, lifting weights, running, jumping or stepping down from a height, throwing objects and climbing*
- *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 sudden, severe left-sided low back pain with muscle spasm, difficulty standing upright, pain on bending, lifting and twisting, and stiffness on waking on 18 November 2006.

The diagnosis was made clinically by the regimental medical officer on 18 November 2006 on the history of an acute lift and twisting fall followed by immediate pain, and on examination findings of left paraspinal spasm, tenderness over the left erector spinae, the left L4-5 facet joint and the iliolumbar region, and restricted, painful flexion. This meets the Statement of Principles definition of a strain, an acute injury to a muscle or tendon, and of a sprain, an acute injury to a joint ligament.

After the condition arose, it was worsened during your service. On warlike service in Afghanistan on 22 July 2012 you fell 1.2 metres into a concealed irrigation channel on a night foot patrol carrying 42 kg, landing with your trunk forced into flexion and rotation. In the same fall on warlike service in Afghanistan the lumbar paraspinal muscles were forcibly stretched, and you then used them at high intensity to climb out under load. On warlike service in Iraq in 2006 and in Afghanistan in 2012 no physiotherapy was available at your patrol bases, and you were returned to duty on analgesia alone.

This has then led to further investigations and the diagnosis of your condition of *Lumbar Strain (Worsening)*. I have accepted your condition of *Lumbar Strain (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 22 July 2012.

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