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.

Migraine

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 17 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 April 2025;
- A respiratory medicine consultation and spirometry by the respiratory physician, dated 11 June 2007;
- A respiratory medicine review by the respiratory physician, dated 19 February 2008;
- A pre-deployment health assessment by the medical officer, Garrison health centre, dated 10 January 2009;
- A regimental aid post record by the medical officer, Afghanistan, dated 4 June 2009;
- A regimental aid post record by the medical officer, Afghanistan, dated 19 June 2009;
- A neurology consultation and MRI brain report by the neurologist and radiologist, dated 8 December 2009;
- A periodic health examination by the medical officer, Garrison health centre, dated 3 February 2010;
- A respiratory medicine review and spirometry by the respiratory physician, dated 14 November 2012;
- A role 2 admission record and CT brain report by the middle east area of operations, dated 27 June 2015;
- A deployed health centre record by the medical officer, Middle East Area of Operations, dated 29 June 2015;
- A neurology review by the neurologist, dated 22 September 2015;
- An MRI brain and MR venography report by the radiologist, dated 5 October 2015.

Your service

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

3 February 2001 and 18 November 2019

Migraine

You have stated that your condition was caused by:

- *undergoing treatment with a nitric oxide donor, at the time of the clinical onset of migraine*
- *having severe and persistent asthma within the five years before the clinical onset of migraine*

Diagnosis: Migraine

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 April 2025, and is supported by a neurology consultation and MRI brain report by the neurologist and radiologist, dated 8 December 2009.

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

Statement of Principles concerning Migraine (Reasonable Hypothesis) (No. 7 of 2018)

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

I am satisfied that you have met the following factor:

- *undergoing treatment with a nitric oxide donor, at the time of the clinical onset of migraine*
- *having severe and persistent asthma within the five years before the clinical onset of migraine*

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 attacks of zig-zag visual disturbance lasting 20 to 30 minutes, followed by severe throbbing headache, usually on one side, with nausea, vomiting and marked sensitivity to light and noise on 19 June 2009.

The diagnosis was made by a consultant neurologist on 8 December 2009 on the basis of a headache diary recording seven attacks since June 2009, each with a typical visual aura developing over several minutes and lasting less than an hour, followed by a unilateral pulsating headache of severe intensity with nausea, vomiting and photophobia lasting 6 to 24 hours. This meets the International Classification of Headache Disorders criteria for migraine with aura, and therefore the Statement of Principles definition of migraine. Neurological examination was normal between attacks and MRI brain excluded a structural cause.

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

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 June 2009.

Migraine (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 17 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 April 2025;
- A respiratory medicine consultation and spirometry by the respiratory physician, dated 11 June 2007;
- A respiratory medicine review by the respiratory physician, dated 19 February 2008;
- A pre-deployment health assessment by the medical officer, Garrison health centre, dated 10 January 2009;
- A regimental aid post record by the medical officer, Afghanistan, dated 4 June 2009;
- A regimental aid post record by the medical officer, Afghanistan, dated 19 June 2009;
- A neurology consultation and MRI brain report by the neurologist and radiologist, dated 8 December 2009;
- A periodic health examination by the medical officer, Garrison health centre, dated 3 February 2010;
- A respiratory medicine review and spirometry by the respiratory physician, dated 14 November 2012;
- A role 2 admission record and CT brain report by the middle east area of operations, dated 27 June 2015;
- A deployed health centre record by the medical officer, Middle East Area of Operations, dated 29 June 2015;
- A neurology review by the neurologist, dated 22 September 2015;
- An MRI brain and MR venography report by the radiologist, dated 5 October 2015.

Your service

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

3 February 2001 and 18 November 2019

Migraine (Worsening)

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

- *undergoing treatment with a nitric oxide donor, at the time of the clinical worsening of migraine*
- *having severe and persistent asthma within the five years before the clinical worsening of migraine*
- *being obese for at least the five years before the clinical worsening of migraine*
- *inability to obtain appropriate clinical management for migraine*

Diagnosis: Migraine (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 April 2025, and is supported by a neurology consultation and MRI brain report by the neurologist and radiologist, dated 8 December 2009.

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

Statement of Principles concerning Migraine (Reasonable Hypothesis) (No. 7 of 2018)

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

I am satisfied that you have met the following factor:

- *undergoing treatment with a nitric oxide donor, at the time of the clinical worsening of migraine*
- *having severe and persistent asthma within the five years before the clinical worsening of migraine*
- *being obese for at least the five years before the clinical worsening of migraine*
- *inability to obtain appropriate clinical management for migraine*

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 attacks of zig-zag visual disturbance lasting 20 to 30 minutes, followed by severe throbbing headache, usually on one side, with nausea, vomiting and marked sensitivity to light and noise on 19 June 2009.

The diagnosis was made by a consultant neurologist on 8 December 2009 on the basis of a headache diary recording seven attacks since June 2009, each with a typical visual aura developing over several minutes and lasting less than an hour, followed by a unilateral pulsating headache of severe intensity with nausea, vomiting and photophobia lasting 6 to 24 hours. This meets the International Classification of Headache Disorders criteria for migraine with aura, and

therefore the Statement of Principles definition of migraine. Neurological examination was normal between attacks and MRI brain excluded a structural cause.

After the condition arose, it was worsened during your service. On warlike service in the Middle East you were prescribed glyceryl trinitrate 0.4 per cent ointment from 8 June 2015 for a recurrent anal fissure caused by the conditions of that deployment. Your burn pit-related asthma flared again from August 2012 to May 2013 after a prolonged respiratory infection, with daily symptoms, night waking on most nights, three oral prednisolone courses and an FEV1 of 59 per cent of predicted on 14 November 2012, a cumulative period of ten months within one year. Your BMI was 30.6 in February 2010 and remained at or above 30, reaching 33.1 by September 2015, throughout the five years before the worsening, from 27 June 2010 to 27 June 2015. On warlike service in the Middle East from January to August 2015 you had no access to suitable migraine prophylaxis, your triptan supply lapsed for five weeks, the provoking glyceryl trinitrate could not be replaced because diltiazem was not stocked, and neurology review was not possible.

This has then led to further investigations and the diagnosis of your condition of *Migraine (Worsening)*. I have accepted your condition of *Migraine (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 27 June 2015.

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