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.

Tension-type Headache

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 8 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 8 April 2025;
- An outpatient health record by the medical officer, Garrison health centre, dated 12 March 2008;
- A specialist consultation by the neurologist, dated 4 August 2010;
- A psychiatric assessment by the consultant psychiatrist, dated 15 September 2011;
- A pre-deployment health assessment by the medical officer, dated 2 February 2012;
- A trauma record and CT brain report by Role 2 facility, Afghanistan, dated 18 July 2012;
- A deployed health record by the regimental medical officer, dated 24 July 2012;
- A specialist consultation and MRI brain report by the neurologist, dated 12 November 2012;
- A deployed health record and prescription by the medical officer, Iraq, dated 1 May 2017;
- An emergency record and CT brain report by the deployed medical facility, Iraq, dated 15 June 2017;
- A deployed health record by the medical officer, Iraq, dated 20 June 2017;
- A specialist consultation and MRI brain report by the neurologist, dated 14 February 2018.

Your service

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

3 February 2004 and 18 November 2020

Tension-type Headache

You have stated that your condition was caused by:

- *for chronic tension-type headache in migraine and cluster headache sufferers only, taking a drug as specified, for at least the three months before the clinical onset of tension-type headache*
- *having a clinically significant disorder of mental health as specified, within the one year before the clinical onset of tension-type headache*
- *experiencing a category 2 stressor within the one year before the clinical onset of tension-type headache*
- *having insomnia as specified at the time of the clinical onset of tension-type headache*
- *having concussion or moderate to severe traumatic brain injury within the seven days before the clinical onset of tension-type headache, where tension-type headache has developed within the seven days of: injury to the head*
- *having concussion or moderate to severe traumatic brain injury within the seven days before the clinical onset of tension-type headache, where tension-type headache has developed within the seven days of: regaining consciousness following the injury to the head*
- *having concussion or moderate to severe traumatic brain injury within the seven days before the clinical onset of tension-type headache, where tension-type headache has developed within the seven days of: discontinuing medication that impairs the ability to sense or report headache following the injury to the head*

Diagnosis: Tension-type Headache

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 8 April 2025, and is supported by a specialist consultation and MRI brain report by the neurologist, dated 12 November 2012.

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

Statement of Principles concerning Tension-Type Headache (Reasonable Hypothesis) (No. 37 of 2018)

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

I am satisfied that you have met the following factor:

- *for chronic tension-type headache in migraine and cluster headache sufferers only, taking a drug as specified, for at least the three months before the clinical onset of tension-type headache*
- *having a clinically significant disorder of mental health as specified, within the one year before the clinical onset of tension-type headache*

- *experiencing a category 2 stressor within the one year before the clinical onset of tension-type headache*
- *having insomnia as specified at the time of the clinical onset of tension-type headache*
- *having concussion or moderate to severe traumatic brain injury within the seven days before the clinical onset of tension-type headache, where tension-type headache has developed within the seven days of: injury to the head*
- *having concussion or moderate to severe traumatic brain injury within the seven days before the clinical onset of tension-type headache, where tension-type headache has developed within the seven days of: regaining consciousness following the injury to the head*
- *having concussion or moderate to severe traumatic brain injury within the seven days before the clinical onset of tension-type headache, where tension-type headache has developed within the seven days of: discontinuing medication that impairs the ability to sense or report headache following the injury to the head*

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 a constant, bilateral, band-like pressing headache over the forehead and temples, of mild to moderate intensity, without nausea, vomiting, photophobia or aggravation by walking, with tenderness of the scalp and neck muscles on 24 July 2012.

The diagnosis was made by a neurologist on 12 November 2012 from a prospective headache diary and clinical assessment. Between late July and November 2012 you had episodes of headache lasting hours on 18 to 22 days a month, well above the definitional minimum of ten episodes over at least three consecutive months. The headache was bilateral, pressing and non-pulsating, of mild to moderate intensity and not aggravated by routine activity, meeting all four listed characteristics, and it caused clinically significant impairment of your occupational and social functioning.

This has then led to further investigations and the diagnosis of your condition of *Tension-type Headache*. I have accepted your condition of *Tension-type Headache*.

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 July 2012.

Tension-type Headache (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 8 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 8 April 2025;
- An outpatient health record by the medical officer, Garrison health centre, dated 12 March 2008;
- A specialist consultation by the neurologist, dated 4 August 2010;
- A psychiatric assessment by the consultant psychiatrist, dated 15 September 2011;
- A pre-deployment health assessment by the medical officer, dated 2 February 2012;
- A trauma record and CT brain report by Role 2 facility, Afghanistan, dated 18 July 2012;
- A deployed health record by the regimental medical officer, dated 24 July 2012;
- A specialist consultation and MRI brain report by the neurologist, dated 12 November 2012;
- A deployed health record and prescription by the medical officer, Iraq, dated 1 May 2017;
- An emergency record and CT brain report by the deployed medical facility, Iraq, dated 15 June 2017;
- A deployed health record by the medical officer, Iraq, dated 20 June 2017;
- A specialist consultation and MRI brain report by the neurologist, dated 14 February 2018.

Your service

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

3 February 2004 and 18 November 2020

Tension-type Headache (Worsening)

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

- *taking a drug as specified, for at least the three months before the clinical worsening of tension-type headache*

- *having a clinically significant disorder of mental health as specified, within the one year before the clinical worsening of tension-type headache*
- *experiencing a category 2 stressor within the one year before the clinical worsening of tension-type headache*
- *having insomnia as specified at the time of the clinical worsening of tension-type headache*
- *undergoing treatment with a nitric oxide donor, at the time of the clinical worsening of tension-type headache*
- *having concussion or moderate to severe traumatic brain injury within the seven days before the clinical worsening of tension-type headache, where tension-type headache has worsened within the seven days of: injury to the head*
- *having concussion or moderate to severe traumatic brain injury within the seven days before the clinical worsening of tension-type headache, where tension-type headache has worsened within the seven days of: regaining consciousness following the injury to the head*
- *having concussion or moderate to severe traumatic brain injury within the seven days before the clinical worsening of tension-type headache, where tension-type headache has worsened within the seven days of: discontinuing medication that impairs the ability to sense or report headache following the injury to the head*
- *inability to obtain appropriate clinical management for tension-type headache*

Diagnosis: Tension-type Headache (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 8 April 2025, and is supported by a specialist consultation and MRI brain report by the neurologist, dated 12 November 2012.

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

Statement of Principles concerning Tension-Type Headache (Reasonable Hypothesis) (No. 37 of 2018)

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

I am satisfied that you have met the following factor:

- *taking a drug as specified, for at least the three months before the clinical worsening of tension-type headache*
- *having a clinically significant disorder of mental health as specified, within the one year before the clinical worsening of tension-type headache*
- *experiencing a category 2 stressor within the one year before the clinical worsening of tension-type headache*
- *having insomnia as specified at the time of the clinical worsening of tension-type headache*

- *undergoing treatment with a nitric oxide donor, at the time of the clinical worsening of tension-type headache*
- *having concussion or moderate to severe traumatic brain injury within the seven days before the clinical worsening of tension-type headache, where tension-type headache has worsened within the seven days of: injury to the head*
- *having concussion or moderate to severe traumatic brain injury within the seven days before the clinical worsening of tension-type headache, where tension-type headache has worsened within the seven days of: regaining consciousness following the injury to the head*
- *having concussion or moderate to severe traumatic brain injury within the seven days before the clinical worsening of tension-type headache, where tension-type headache has worsened within the seven days of: discontinuing medication that impairs the ability to sense or report headache following the injury to the head*
- *inability to obtain appropriate clinical management for tension-type headache*

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 a constant, bilateral, band-like pressing headache over the forehead and temples, of mild to moderate intensity, without nausea, vomiting, photophobia or aggravation by walking, with tenderness of the scalp and neck muscles on 24 July 2012.

The diagnosis was made by a neurologist on 12 November 2012 from a prospective headache diary and clinical assessment. Between late July and November 2012 you had episodes of headache lasting hours on 18 to 22 days a month, well above the definitional minimum of ten episodes over at least three consecutive months. The headache was bilateral, pressing and non-pulsating, of mild to moderate intensity and not aggravated by routine activity, meeting all four listed characteristics, and it caused clinically significant impairment of your occupational and social functioning.

After the condition arose, it was worsened during your service. On warlike service in Iraq, throughout the three months before the worsening, from 20 March 2017 to 20 June 2017, you took paracetamol and ibuprofen, simple analgesics, on at least five days a week, and paracetamol with codeine on three days a week, issued by the deployed medical facility for headache and service-related musculoskeletal pain. Posttraumatic stress disorder arising from your Solomon Islands and Afghanistan service remained under monthly psychiatric management throughout the one year before the worsening, from 20 June 2016 to 20 June 2017, including telehealth reviews during your warlike service in Iraq. In October 2016 your father suffered a disabling stroke, a major deterioration in the health of a family member under paragraph (f) of the definition. Insomnia with difficulty initiating and maintaining sleep on at least four nights a week persisted from 2011 and was worsened by night alarms and indirect fire attacks during warlike service in Iraq. During warlike service in Iraq the deployed medical officer prescribed a daily glyceryl trinitrate patch on 1 May 2017 for lateral elbow tendinopathy from repetitive weapons handling. During a rocket attack on warlike service in Iraq on 15 June 2017 you fell while moving to a

bunker and struck your head on a concrete blast barrier, losing consciousness for about one minute, with confusion and a scalp haematoma, meeting the definition of concussion. You regained consciousness within about one minute of the head injury on 15 June 2017 in Iraq, and the tension-type headache worsened on 20 June 2017, five days after you regained consciousness. After the head injury of 15 June 2017 the deployed medical facility in Iraq gave you tramadol, an opioid that impairs the ability to sense and report headache, for chest wall and shoulder pain from the fall. While on warlike service in Iraq from January to July 2017 you could not obtain neurological review, a preventive medication review or psychological treatment for your headache, and your request of 2 April 2017 was deferred until return to Australia.

This has then led to further investigations and the diagnosis of your condition of *Tension-type Headache (Worsening)*. I have accepted your condition of *Tension-type Headache (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 20 June 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.