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.

Thoracic Spine - Intervertebral Disc Prolapse

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 21 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 May 2025;
- A periodic health examination by the medical officer, Garrison health centre, dated 15 March 2001;
- A transport unit driving summary by the officer commanding, dated 30 June 2005;
- A pre-deployment medical examination by the medical officer, dated 10 December 2011;
- A trauma admission and CT thoracic spine by Role 3 hospital, Afghanistan, dated 18 March 2012;
- An MRI thoracic spine and spinal surgical consultation by the spinal surgeon, dated 24 March 2012;
- A microbiology report and infectious diseases consultation by the infectious diseases physician, dated 24 March 2012;
- An aviation medicine review by the aviation medical officer, dated 12 November 2012;
- An emergency record and CT-guided disc biopsy by Role 3 hospital, Afghanistan, dated 5 June 2013;
- An MRI thoracic spine by the radiologist, dated 6 June 2013;
- An operation report by the spinal surgeon, dated 10 June 2013;
- A pilot flying logbook summary by the 2007 to 2013, Army aviation.

Your service

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

3 February 1997 and 28 November 2014

Thoracic Spine - Intervertebral Disc Prolapse

You have stated that your condition was caused by:

- *having trauma to the affected intervertebral disc within the 24 hours before the clinical onset of thoracolumbar intervertebral disc prolapse*
- *having a penetrating injury to the affected intervertebral disc or adjacent vertebral body, within the 24 hours before the clinical onset of thoracolumbar intervertebral disc prolapse*
- *physically carrying or lifting loads of at least 10 kilograms, to a cumulative total Load-Factor of at least 150,000 within the 10 years before the clinical onset of thoracolumbar intervertebral disc prolapse*
- *driving a motor vehicle for an average of at least 25 hours per week, for a period of at least 2 years within the 10 years before the clinical onset of thoracolumbar intervertebral disc prolapse*
- *flying in an engine powered aircraft as operational crew, for a cumulative total of at least 2,500 hours within the 10 years before the clinical onset of thoracolumbar intervertebral disc prolapse*
- *flying in a helicopter as operational aircrew, for a cumulative total of at least 2,500 hours within the 10 years before the clinical onset of thoracolumbar intervertebral disc prolapse*
- *having smoked tobacco products in an amount of at least 5 pack-years before the clinical onset of thoracolumbar intervertebral disc prolapse, and if smoking has ceased before the clinical onset of thoracolumbar intervertebral disc prolapse, then that onset occurred within 5 years of cessation*
- *having bacterial infection of the affected disc at the time of the clinical onset of thoracolumbar intervertebral disc prolapse*
- *being obese for at least 5 years within the 25 years before the clinical onset of thoracolumbar intervertebral disc prolapse*

Diagnosis: Intervertebral Disc Prolapse

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 May 2025, and is supported by an MRI thoracic spine and spinal surgical consultation by the spinal surgeon, dated 24 March 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 Thoracolumbar Intervertebral Disc Prolapse (Reasonable Hypothesis) (No. 68 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 trauma to the affected intervertebral disc within the 24 hours before the clinical onset of thoracolumbar intervertebral disc prolapse*
- *having a penetrating injury to the affected intervertebral disc or adjacent vertebral body, within the 24 hours before the clinical onset of thoracolumbar intervertebral disc prolapse*
- *physically carrying or lifting loads of at least 10 kilograms, to a cumulative total Load-Factor of at least 150,000 within the 10 years before the clinical onset of thoracolumbar intervertebral disc prolapse*
- *driving a motor vehicle for an average of at least 25 hours per week, for a period of at least 2 years within the 10 years before the clinical onset of thoracolumbar intervertebral disc prolapse*
- *flying in an engine powered aircraft as operational crew, for a cumulative total of at least 2,500 hours within the 10 years before the clinical onset of thoracolumbar intervertebral disc prolapse*
- *flying in a helicopter as operational aircrew, for a cumulative total of at least 2,500 hours within the 10 years before the clinical onset of thoracolumbar intervertebral disc prolapse*
- *having smoked tobacco products in an amount of at least 5 pack-years before the clinical onset of thoracolumbar intervertebral disc prolapse, and if smoking has ceased before the clinical onset of thoracolumbar intervertebral disc prolapse, then that onset occurred within 5 years of cessation*
- *having bacterial infection of the affected disc at the time of the clinical onset of thoracolumbar intervertebral disc prolapse*
- *being obese for at least 5 years within the 25 years before the clinical onset of thoracolumbar intervertebral disc prolapse*

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 constant mid-thoracic back pain with band-like pain radiating around the right chest wall at the level of the lower ribs, worse with coughing, twisting and sitting, and tenderness over T8 to T9 on 18 March 2012.

The diagnosis was confirmed on MRI of 24 March 2012, which showed a right paracentral T8–T9 disc prolapse indenting the thoracic cord, with end plate oedema and disc space fluid from discitis. This is imaging evidence of thoracolumbar intervertebral disc prolapse, and with the clinical symptoms and signs it meets the Statement of Principles definition.

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

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 March 2012.

Thoracic Spine - Intervertebral Disc Prolapse (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 21 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 May 2025;
- A periodic health examination by the medical officer, Garrison health centre, dated 15 March 2001;
- A transport unit driving summary by the officer commanding, dated 30 June 2005;
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- A trauma admission and CT thoracic spine by Role 3 hospital, Afghanistan, dated 18 March 2012;
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- An emergency record and CT-guided disc biopsy by Role 3 hospital, Afghanistan, dated 5 June 2013;
- An MRI thoracic spine by the radiologist, dated 6 June 2013;
- An operation report by the spinal surgeon, dated 10 June 2013;
- A pilot flying logbook summary by the 2007 to 2013, Army aviation.

Your service

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

3 February 1997 and 28 November 2014

Thoracic Spine - Intervertebral Disc Prolapse (Worsening)

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

- *having trauma to the affected intervertebral disc within the 24 hours before the clinical worsening of thoracolumbar intervertebral disc prolapse*

- *having a penetrating injury to the affected intervertebral disc or adjacent vertebral body, within the 24 hours before the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *physically carrying or lifting loads of at least 10 kilograms, to a cumulative total Load-Factor of at least 150,000 within the 10 years before the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *driving a motor vehicle for an average of at least 25 hours per week, for a period of at least 2 years within the 10 years before the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *flying in an engine powered aircraft as operational crew, for a cumulative total of at least 2,500 hours within the 10 years before the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *flying in a helicopter as operational aircrew, for a cumulative total of at least 2,500 hours within the 10 years before the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *having smoked tobacco products in an amount of at least 5 pack-years before the clinical worsening of thoracolumbar intervertebral disc prolapse, and if smoking has ceased before the clinical worsening of thoracolumbar intervertebral disc prolapse, then that worsening occurred within 5 years of cessation*
- *having bacterial infection of the affected disc at the time of the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *being obese for at least 5 years within the 25 years before the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *inability to obtain appropriate clinical management for thoracolumbar intervertebral disc prolapse before the clinical worsening of thoracolumbar intervertebral disc prolapse*

Diagnosis: Intervertebral Disc Prolapse (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 May 2025, and is supported by an MRI thoracic spine and spinal surgical consultation by the spinal surgeon, dated 24 March 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 Thoracolumbar Intervertebral Disc Prolapse (Reasonable Hypothesis) (No. 68 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 trauma to the affected intervertebral disc within the 24 hours before the clinical worsening of thoracolumbar intervertebral disc prolapse*

- *having a penetrating injury to the affected intervertebral disc or adjacent vertebral body, within the 24 hours before the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *physically carrying or lifting loads of at least 10 kilograms, to a cumulative total Load-Factor of at least 150,000 within the 10 years before the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *driving a motor vehicle for an average of at least 25 hours per week, for a period of at least 2 years within the 10 years before the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *flying in an engine powered aircraft as operational crew, for a cumulative total of at least 2,500 hours within the 10 years before the clinical worsening of thoracolumbar intervertebral disc prolapse*
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- *having smoked tobacco products in an amount of at least 5 pack-years before the clinical worsening of thoracolumbar intervertebral disc prolapse, and if smoking has ceased before the clinical worsening of thoracolumbar intervertebral disc prolapse, then that worsening occurred within 5 years of cessation*
- *having bacterial infection of the affected disc at the time of the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *being obese for at least 5 years within the 25 years before the clinical worsening of thoracolumbar intervertebral disc prolapse*
- *inability to obtain appropriate clinical management for thoracolumbar intervertebral disc prolapse before the clinical worsening of thoracolumbar intervertebral disc prolapse*

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 constant mid-thoracic back pain with band-like pain radiating around the right chest wall at the level of the lower ribs, worse with coughing, twisting and sitting, and tenderness over T8 to T9 on 18 March 2012.

The diagnosis was confirmed on MRI of 24 March 2012, which showed a right paracentral T8–T9 disc prolapse indenting the thoracic cord, with end plate oedema and disc space fluid from discitis. This is imaging evidence of thoracolumbar intervertebral disc prolapse, and with the clinical symptoms and signs it meets the Statement of Principles definition.

After the condition arose, it was worsened during your service. The heavy brownout landing on warlike service in Afghanistan on 5 June 2013 jarred your thoracic spine within the 24 hours before the worsening on 6 June 2013. The CT-guided biopsy needle pierced the T8–T9 disc at the role 3 hospital during warlike service on 5 June 2013, within the 24 hours before the worsening. Within the 10 years before the worsening you wore 18 kilograms of flight equipment for over 3,800 hours, including warlike service in Afghanistan in 2013, a Load-Factor above 1,200,000.

The driving from July 2003 to June 2005, including warlike service in Iraq, falls within the 10 years before the worsening. About 5,400 hours as operational helicopter crew, including warlike service in Afghanistan in 2013, fall within the 10 years before the worsening. The same 5,400 helicopter hours fall within the 10 years before the worsening. You had smoked 14 pack-years, including on warlike service, and the worsening occurred within four years of cessation. Relapsed Staphylococcus aureus discitis, from the infection introduced by the fragment on warlike service, was confirmed on biopsy on 5 June 2013 and present at the worsening. The six years of obesity from 2001 to 2006, including warlike service in Iraq, fall within the 25 years before the worsening. On warlike service in Afghanistan in 2013 you could not obtain the surveillance MRI or specialist review needed to detect relapse of the discitis, and the prolapse enlarged with cord compression before treatment was possible.

This has then led to further investigations and the diagnosis of your condition of *Intervertebral Disc Prolapse (Worsening)*. I have accepted your condition of *Intervertebral Disc Prolapse (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 5 June 2013.

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