

REVOKED

Revocation and Determination

of

Statement of Principles concerning

LUMBAR SPONDYLOSIS

ICD CODES: 721.3, 721.42, 722.52

Veterans' Entitlements Act 1986

1. The Repatriation Medical Authority under subsection **196B(3)** of the *Veterans' Entitlements Act 1986* (the Act):
 - (a) revokes Instrument No.106 of 1995, Instrument No.335 of 1995, and Instrument No.359 of 1995; and
 - (b) determines the following Statement of Principles.

Kind of injury, disease or death

2. (a) This Statement of Principles is about **lumbar spondylosis** and **death from lumbar spondylosis**.
 - (b) For the purposes of this Statement of Principles, "**lumbar spondylosis**" means degenerative changes affecting the lumbar vertebrae and/or intervertebral discs, causing local pain and stiffness and/or symptoms and signs of lumbar cord, cauda equina or lumbosacral nerve root compression, attracting ICD code 721.3, 721.42 or 722.52.

Basis for determining the factors

3. On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that **lumbar spondylosis and death from lumbar spondylosis** can be related to relevant service rendered by veterans or members of the Forces.

Factors that must be related to service

4. Subject to clause 6, the factors set out in at least one of the paragraphs in clause 5 must be related to any relevant service rendered by the person.

Factors

5. The factors that must exist before it can be said that, on the balance of probabilities, **lumbar spondylosis** or **death from lumbar spondylosis** is connected with the circumstances of a person's relevant service are:
 - (a) contracting a significant inflammatory joint disease in the lumbar spine before the clinical onset of lumbar spondylosis; or
 - (b) suffering an intra-articular fracture of the lumbar spine before the clinical onset of lumbar spondylosis; or
 - (c) having a malalignment of the lumbar spine before the clinical onset of lumbar spondylosis; or
 - (d) suffering a depositional joint disease in the lumbar spine before the clinical onset of lumbar spondylosis; or
 - (e) suffering a trauma to the lumbar spine which has resulted in permanent ligamentous instability before the clinical onset of lumbar spondylosis; or
 - (f) suffering a trauma to the lumbar spine before the clinical onset of lumbar spondylosis; or
 - (g) suffering a lumbar intervertebral disc prolapse before the clinical onset of lumbar spondylosis at the level of the intervertebral disc prolapse; or
 - (h) suffering a trauma to the lumbar spine which has resulted in permanent ligamentous instability before the clinical worsening of lumbar spondylosis; or
 - (j) suffering a trauma to the lumbar spine before the clinical worsening of lumbar spondylosis.

Factors that apply only to material contribution or aggravation

6. Paragraphs **5(h) to 5(j)** apply only to material contribution to, or aggravation of, lumbar spondylosis where the person's lumbar spondylosis was suffered or contracted before or during (but not arising out of) the person's relevant service; paragraph 8(1)(e), 9(1)(e) or 70(5)(d) of the Act refers.

Other definitions

7. For the purposes of this Statement of Principles:

“depositional joint disease” means gout, pseudogout, haemochromatosis, Wilson's disease or ochronosis;

“ICD code” means a number assigned to a particular kind of injury or disease in the Australian Version of The International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM), effective date of 1 July 1996, copyrighted by the National Coding Centre, Faculty of Health Sciences, University of Sydney, NSW, and having ISBN 0 642 24447 2;

“inflammatory joint disease” means a disease affecting a joint or joints where there is swelling, inflammation and pain that persisted for at least five days;

“intra-articular fracture” means a fracture involving the articular surface of a joint;

“lumbar intervertebral disc prolapse” means protrusion, herniation or rupture of an intervertebral disc of the lumbar spine, causing local pain and stiffness, and/or pain and paraesthesia radiating into the lower limbs, attracting ICD code 722.10, 722.32 or 722.73;

“malalignment” means the displacement out of line resulting as the effect of underlying muscle weakness, deformity of other joints, joint dysplasia or disparate leg length;

“relevant service” means:

- (a) eligible war service (other than operational service); or
- (b) defence service (other than hazardous service);

“trauma to the lumbar spine” means an injury to the lumbar spine caused by the force of an extraneous physical or mechanical agent that causes the development, within 24 hours of the injury being sustained, of acute symptoms and signs of pain, tenderness, and altered mobility or range of movement of that part of the spine, and where such acute symptoms and signs last for a period of at least one week immediately after the injury occurs, unless medical intervention has occurred. Where medical intervention for the injury has occurred (for example splinting, corticosteroid injection, surgery), and there is evidence relating to the extent of injury and treatment, such evidence may be considered;

“trauma to the lumbar spine which has resulted in permanent ligamentous instability” means abnormal mobility and instability of the lumbar spine due to ligamentous injury caused by the force of an extraneous physical or mechanical agent, and is characterised by the regular recurrence of episodes of pain and/or tenderness affecting the lumbar spine.

Application

8. This Instrument applies to all matters to which section 120B of the Act applies.

Dated this *Ninth* day of *December* 1996

The Common Seal of the)
Repatriation Medical Authority)
was affixed to this instrument)
in the presence of:)

KEN DONALD
CHAIRMAN