

Revocation and Determination
of
Statement of Principles
concerning
CERVICAL SPONDYLOSIS

ICD-10-AM CODES:
M47.01, M47.02, M47.03, M47.11, M47.12,
M47.13, M47.21, M47.22, M47.23, M47.81,
M47.82, M47.83, M47.91, M47.92, M47.93, M50.3

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.32 of 1999; and
 - (b) determines in its place the following Statement of Principles.

Kind of injury, disease or death

2. (a) This Statement of Principles is about **cervical spondylosis** and **death from cervical spondylosis**.
- (b) For the purposes of this Statement of Principles, “**cervical spondylosis**” means degenerative changes affecting the cervical vertebrae or intervertebral discs, causing local pain and stiffness or symptoms and signs of cervical cord or cervical nerve root compression, but excludes diffuse idiopathic skeletal hyperostosis. Cervical spondylosis attracts ICD-10-AM code M47.01, M47.02, M47.03, M47.11, M47.12, M47.13, M47.21, M47.22, M47.23, M47.81, M47.82, M47.83, M47.91, M47.92, M47.93, or M50.3.

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 **cervical spondylosis** and **death from cervical 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, at least one of the factors set out 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, **cervical spondylosis** or **death from cervical spondylosis** is connected with the circumstances of a person's relevant service are:
 - (a) suffering inflammatory joint disease in the cervical spine before the clinical onset of cervical spondylosis; or
 - (b) suffering from septic arthritis in the cervical spine before the clinical onset of cervical spondylosis; or
 - (c) suffering an intra-articular fracture of the cervical spine before the clinical onset of cervical spondylosis; or
 - (d) having disordered joint mechanics affecting the cervical spine before the clinical onset of cervical spondylosis; or
 - (e) suffering from a depositional joint disease in the cervical spine before the clinical onset of cervical spondylosis; or
 - (f) suffering from permanent ligamentous instability of the cervical spine before the clinical onset of cervical spondylosis; or
 - (g) suffering a trauma to the cervical spine within the 25 years immediately before the clinical onset of cervical spondylosis; or
 - (h) suffering a cervical intervertebral disc prolapse before the clinical onset of cervical spondylosis at the level of the intervertebral disc prolapse; or
 - (i) carrying loads of at least 25 kg on the head while upright to a cumulative total of 120 000 kg within any 10 year period, before the clinical onset of cervical spondylosis, and where such physical activity has ceased, the clinical onset of cervical

spondylosis has occurred within the 25 years immediately following such activity; or

- (j) being exposed, whilst flying in an aircraft, to positive G forces of two or more,
 - (i) which exposure causes the development within 24 hours, of symptoms and signs of pain, and tenderness, and either altered mobility or range of movement of the cervical spine; and
 - (ii) these symptoms and signs must last for a period of at least 10 days following their onset; save for where medical intervention has occurred, where that medical intervention involves either:
 - (a) immobilisation of the cervical spine by splinting, or similar external agent; or
 - (b) injection of corticosteroids or local anaesthetics into the cervical spine; or
 - (c) surgery to the cervical spine

within the 25 years immediately before the clinical onset of cervical spondylosis; or

- (k) flying in high performance aircraft for a cumulative total of 1000 hours within any 10 year period, before the clinical onset of cervical spondylosis, and where such activity has ceased, the clinical onset of cervical spondylosis has occurred within the 25 years immediately following such activity; or
- (l) being obese for at least 10 years within the 25 years immediately before the clinical onset of cervical spondylosis; or
- (m) suffering inflammatory joint disease in the cervical spine before the clinical worsening of cervical spondylosis; or
- (n) suffering from septic arthritis in the cervical spine before the clinical worsening of cervical spondylosis; or
- (o) suffering an intra-articular fracture of the cervical spine before the clinical worsening of cervical spondylosis; or
- (p) having disordered joint mechanics affecting the cervical spine before the clinical worsening of cervical spondylosis; or
- (q) suffering from a depositional joint disease in the cervical spine before the clinical worsening of cervical spondylosis; or

- (r) suffering from permanent ligamentous instability of the cervical spine before the clinical worsening of cervical spondylosis; or
- (s) suffering a trauma to the cervical spine within the 25 years immediately before the clinical worsening of cervical spondylosis; or
- (t) suffering a cervical intervertebral disc prolapse before the clinical worsening of cervical spondylosis at the level of the intervertebral disc prolapse; or
- (u) carrying loads of at least 25 kg on the head while upright to a cumulative total of 120 000 kg within any 10 year period, before the clinical worsening of cervical spondylosis, and where such physical activity has ceased, the clinical worsening of cervical spondylosis has occurred within the 25 years immediately following such activity; or
- (v) being exposed, whilst flying in an aircraft, to positive G forces of two or more,
 - (i) which exposure causes the development within 24 hours, of symptoms and signs of pain, and tenderness, and either altered mobility or range of movement of the cervical spine; and
 - (ii) these symptoms and signs must last for a period of at least 10 days following their onset; save for where medical intervention has occurred, where that medical intervention involves either:
 - (a) immobilisation of the cervical spine by splinting, or similar external agent; or
 - (b) injection of corticosteroids or local anaesthetics into the cervical spine; or
 - (c) surgery to the cervical spine

within the 25 years immediately before the clinical worsening of cervical spondylosis; or

- (w) flying in high performance aircraft for a cumulative total of 1000 hours within any 10 year period, before the clinical worsening of cervical spondylosis, and where such activity has ceased, the clinical worsening of cervical spondylosis has occurred within the 25 years immediately following such activity; or

- (x) being obese for at least 10 years within the 25 years immediately before the clinical worsening of cervical spondylosis.

Factors that apply only to material contribution or aggravation

- 6. Paragraphs **5(m) to 5 (x)** apply only to material contribution to, or aggravation of, cervical spondylosis where the person's cervical 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.

Inclusion of Statements of Principles

- 7. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of Principles then the factors in that last mentioned Statement of Principles apply in accordance with the terms of that Statement of Principles.

Other definitions

- 8. For the purposes of this Statement of Principles:

“being obese” means an increase in body weight by way of fat accumulation which results in a Body Mass Index (BMI) of 30 or greater.

The $BMI = W/H^2$ and where:

W is the person's weight in kilograms and

H is the person's height in metres;

“death from cervical spondylosis” in relation to a person includes death from a terminal event or condition that was contributed to by the person's cervical spondylosis;

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

“disordered joint mechanics” means maldistribution of loading forces on the cervical spine that has resulted from:

- (a) scoliosis, or
- (b) loss or enhancement of the normal anteroposterior curvature of the vertebral column, or
- (c) spondylolisthesis, or
- (d) retrospondylolisthesis, or
- (e) a deformity of a vertebra, or
- (f) a deformity of a joint of a vertebra, or
- (g) necrosis of bone;

“G force” means the ratio of the applied acceleration of the aircraft to the acceleration due to gravity, for example, $2G = 2 \times 9.81\text{m/s}^2$;

“high performance aircraft” means an aircraft capable of routinely sustaining at least two positive G forces and since World War II, in the operation of which, the crew are required to wear anti-G protective clothing;

“ICD-10-AM code” means a number assigned to a particular kind of injury or disease in The International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification (ICD-10-AM), Second Edition, effective date of 1 July 2000, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86487 271 3. Where in this Statement of Principles an ICD code is referenced, such reference is not to constrain or limit the proper meaning of the definition or words preceding the alphanumeric code reference;

“inflammatory joint disease” means rheumatoid arthritis, Reiter’s syndrome, psoriatic arthritis, ankylosing spondylitis, or arthritis associated with Crohn’s disease or ulcerative colitis;

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

“permanent ligamentous instability” means continuing or recurring abnormal mobility and instability of the cervical spine which is characterised by the regular recurrence of episodes of pain and/or tenderness affecting the cervical spine;

“relevant service” means:

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

“septic arthritis” means the bacterial infection of a joint resulting in inflammation within that joint;

“terminal event” means the proximate or ultimate cause of death and includes:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function;

“trauma to the cervical spine” means a discrete injury to the cervical spine that causes the development, within 24 hours of the injury being sustained, of symptoms and signs of pain, and tenderness, and either altered mobility or range of movement of the cervical spine. These acute symptoms and signs must last for a period of at least 10 days following their onset; save for where medical intervention for the trauma to the cervical spine has occurred, where that medical intervention involves either:

- (a) immobilisation of the cervical spine by splinting, or similar external agent; or
- (b) injection of corticosteroids or local anaesthetics into the cervical spine; or
- (c) surgery to the cervical spine.

Application

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

Dated this *Fourth* day of *June* 2002

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

KEN DONALD
CHAIRMAN