



**Australian Government**  
**Repatriation Medical Authority**

**Statement of Principles**  
**concerning**  
**SPINAL ADHESIVE ARACHNOIDITIS**  
**(Reasonable Hypothesis)**  
**(No. 74 of 2020)**

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The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

Dated 30 October 2020

The Common Seal of the  
Repatriation Medical Authority  
was affixed to this instrument  
at the direction of:

A handwritten signature in black ink, appearing to read 'N. Saunders'.

Professor Nicholas Saunders AO  
Chairperson

# Contents

1	Name .....	3
2	Commencement .....	3
3	Authority .....	3
4	Repeal .....	3
5	Application.....	3
6	Definitions.....	3
7	Kind of injury, disease or death to which this Statement of Principles relates .....	3
8	Basis for determining the factors .....	4
9	Factors that must exist.....	4
10	Relationship to service .....	7
11	Factors referring to an injury or disease covered by another Statement of Principles.....	7
<b>Schedule 1 - Dictionary .....</b>		<b>8</b>
1	Definitions.....	8

**1 Name**

This is the Statement of Principles concerning *spinal adhesive arachnoiditis (Reasonable Hypothesis)* (No. 74 of 2020).

**2 Commencement**

This instrument commences on 30 November 2020.

**3 Authority**

This instrument is made under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

**4 Repeal**

The Statement of Principles concerning spinal adhesive arachnoiditis No. 116 of 2011 (Federal Register of Legislation No. F2011L01748) made under subsection 196B(2) of the VEA is repealed.

**5 Application**

This instrument applies to a claim to which section 120A of the VEA or section 338 of the *Military Rehabilitation and Compensation Act 2004* applies.

**6 Definitions**

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

**7 Kind of injury, disease or death to which this Statement of Principles relates**

- (1) This Statement of Principles is about spinal adhesive arachnoiditis and death from spinal adhesive arachnoiditis.

*Meaning of spinal adhesive arachnoiditis*

- (2) For the purposes of this Statement of Principles, spinal adhesive arachnoiditis:
- (a) means:
    - (i) chronic inflammation of the arachnoid membrane of the spinal cord, with fibrosis and nerve root adhesions in the arachnoid and subarachnoid space that have been demonstrated by imaging or surgery; and
    - (ii) neurological symptoms and signs that are consistent with the observed spinal pathology; and
  - (b) includes arachnoiditis ossificans; and

- (c) excludes asymptomatic transient inflammation of the arachnoid membrane and arachnoid inflammation involving the brain and cranial nerves.

*Death from spinal adhesive arachnoiditis*

- (3) For the purposes of this Statement of Principles, spinal adhesive arachnoiditis, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's spinal adhesive arachnoiditis.

Note: *terminal event* is defined in the Schedule 1 - Dictionary.

## **8 Basis for determining the factors**

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that spinal adhesive arachnoiditis and death from spinal adhesive arachnoiditis can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces under the VEA, or members under the MRCA.

Note: *MRCA*, *relevant service* and *VEA* are defined in the Schedule 1 - Dictionary.

## **9 Factors that must exist**

At least one of the following factors must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting spinal adhesive arachnoiditis or death from spinal adhesive arachnoiditis with the circumstances of a person's relevant service:

- (1) having severe spinal trauma involving the affected site within the ten years before the clinical onset of spinal adhesive arachnoiditis;

Note: *severe spinal trauma* is defined in the Schedule 1 - Dictionary.

- (2) undergoing spinal surgery involving the affected site within the ten years before the clinical onset of spinal adhesive arachnoiditis;

Note: Examples of spinal surgery include spinal fusion, laminectomy and discectomy.

- (3) having a lumboperitoneal shunt at the affected site at the time of the clinical onset of spinal adhesive arachnoiditis;
- (4) having an epidural blood patch within the three months before the clinical onset of spinal adhesive arachnoiditis;
- (5) having a myelogram involving an injection of oil-soluble intrathecal radiological contrast agent before the clinical onset of spinal adhesive arachnoiditis;

- (6) having a myelogram involving an injection of water-soluble intrathecal radiological contrast agent from the specified list of radiological contrast agents within the ten years before the clinical onset of spinal adhesive arachnoiditis;

Note: *specified list of radiological contrast agents* is defined in the Schedule 1 - Dictionary.

- (7) having an injection of Thorotrast (thorium dioxide suspension) into the subarachnoid space before the clinical onset of spinal adhesive arachnoiditis;
- (8) having intrathecal injection of methylprednisolone acetate (Depo-Medrol) within the two years before the clinical onset of spinal adhesive arachnoiditis;
- (9) having an in situ intrathecal drug delivery system at the affected site at the time of the clinical onset of spinal adhesive arachnoiditis;
- (10) having intrathecal injection of methotrexate or cytosine arabinoside within the one year before the clinical onset of spinal adhesive arachnoiditis;
- (11) having intrathecal injection of radioactive gold at the affected site before the clinical onset of spinal adhesive arachnoiditis;

- (12) having an infection from the specified list of infections before the clinical onset of spinal adhesive arachnoiditis;

Note: *specified list of infections* is defined in the Schedule 1 - Dictionary.

- (13) having a subarachnoid haemorrhage within the ten years before the clinical onset of spinal adhesive arachnoiditis;
- (14) having a spinal subdural haematoma at the affected site within the two years before the clinical onset of spinal adhesive arachnoiditis;
- (15) having ankylosing spondylitis involving the affected site before the clinical onset of spinal adhesive arachnoiditis;
- (16) having an intervertebral disc prolapse causing spinal stenosis at the affected site at the time of the clinical onset of spinal adhesive arachnoiditis;
- (17) having sarcoidosis before the clinical onset of spinal adhesive arachnoiditis;
- (18) having severe spinal trauma involving the affected site within the ten years before the clinical worsening of spinal adhesive arachnoiditis;

Note: *severe spinal trauma* is defined in the Schedule 1 - Dictionary.

- (19) undergoing spinal surgery involving the affected site within the ten years before the clinical worsening of spinal adhesive arachnoiditis;

Note: Examples of spinal surgery include spinal fusion, laminectomy and discectomy.

- (20) having a lumboperitoneal shunt at the affected site at the time of the clinical worsening of spinal adhesive arachnoiditis;
- (21) having an epidural blood patch within the three months before the clinical worsening of spinal adhesive arachnoiditis;
- (22) having a myelogram involving an injection of oil-soluble intrathecal radiological contrast agent before the clinical worsening of spinal adhesive arachnoiditis;
- (23) having a myelogram involving an injection of water-soluble intrathecal radiological contrast agent from the specified list of radiological contrast agents within the ten years before the clinical worsening of spinal adhesive arachnoiditis;

Note: *specified list of radiological contrast agents* is defined in the Schedule 1 - Dictionary.

- (24) having an injection of Thorotrast (thorium dioxide suspension) into the subarachnoid space before the clinical worsening of spinal adhesive arachnoiditis;
- (25) having an in situ intrathecal drug delivery system at the affected site at the time of the clinical worsening of spinal adhesive arachnoiditis;
- (26) having intrathecal injection of methotrexate or cytosine arabinoside within the one year before the clinical worsening of spinal adhesive arachnoiditis;
- (27) having intrathecal injection of radioactive gold at the affected site before the clinical worsening of spinal adhesive arachnoiditis;
- (28) having an infection from the specified list of infections before the clinical worsening of spinal adhesive arachnoiditis;

Note: *specified list of infections* is defined in the Schedule 1 - Dictionary.

- (29) having a subarachnoid haemorrhage within the ten years before the clinical worsening of spinal adhesive arachnoiditis;
- (30) having a spinal subdural haematoma at the affected site within the two years before the clinical worsening of spinal adhesive arachnoiditis;
- (31) having ankylosing spondylitis involving the affected site before the clinical worsening of spinal adhesive arachnoiditis;
- (32) having an intervertebral disc prolapse causing spinal stenosis at the affected site at the time of the clinical worsening of spinal adhesive arachnoiditis;
- (33) having sarcoidosis before the clinical worsening of spinal adhesive arachnoiditis;

- (34) inability to obtain appropriate clinical management for spinal adhesive arachnoiditis.

## **10 Relationship to service**

- (1) The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.
- (2) The factors set out in subsections 9(18) to 9(34) apply only to material contribution to, or aggravation of, spinal adhesive arachnoiditis where the person's spinal adhesive arachnoiditis was suffered or contracted before or during (but did not arise out of) the person's relevant service.

## **11 Factors referring to an injury or disease covered by another Statement of Principles**

In this Statement of Principles:

- (1) if a factor referred to in section 9 applies in relation to a person; and
- (2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(2) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

# Schedule 1 - Dictionary

Note: See Section 6

## 1 Definitions

In this instrument:

**MRCA** means the *Military Rehabilitation and Compensation Act 2004*.

**relevant service** means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) British nuclear test defence service under the VEA;
- (e) warlike service under the MRCA; or
- (f) non-warlike service under the MRCA.

Note: **MRCA** and **VEA** are also defined in the Schedule 1 - Dictionary.

**severe spinal trauma** means the application of significant external force, including a blunt, blast or penetrating force, that causes fracture or crush injury of the vertebral column, or other direct injury to the spinal cord or meninges that results in neurological dysfunction.

Note: This definition excludes surgical and therapeutic procedures.

**specified list of infections** means:

- (a) fungal or bacterial infection of the spinal cord;
- (b) fungal or bacterial meningitis;
- (c) neurosyphilis;
- (d) spinal toxoplasmosis;
- (e) spinal tuberculosis; or
- (f) vertebral osteomyelitis at the affected site.

**specified list of radiological contrast agents** means:

- (a) dimeglumine iocarmate (Dimer-X);
- (b) meglumine iothalamate (Conray);
- (c) metrizamide (Amipaque); or
- (d) sodium iodomethanesulfonate/methiodal sodium (Abrodil).

**spinal adhesive arachnoiditis**—see subsection 7(2).

**terminal event** means the proximate or ultimate cause of death and includes the following:

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

**VEA** means the *Veterans' Entitlements Act 1986*.