

Statement of Principles  
concerning

**LUMBAR SPONDYLOSIS**

**No. 38 of 2005**

for the purposes of the

*Veterans' Entitlements Act 1986*  
and

*Military Rehabilitation and Compensation Act 2004*

**Title**

1. This Instrument may be cited as Statement of Principles concerning lumbar spondylosis No. 38 of 2005.

**Determination**

2. The Repatriation Medical Authority under subsection **196B(3)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
  - (a) revokes Instrument No. 47 of 2002, as amended by Instrument No. 78 of 2002; and
  - (b) determines in their place this Statement of Principles.

**Kind of injury, disease or death**

3.
  - (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 or intervertebral discs, causing local pain and stiffness or symptoms and signs of lumbar cord, cauda equina or lumbosacral nerve root compression, but excludes diffuse idiopathic skeletal hyperostosis and Scheuermann's kyphosis.
  - (c) Lumbar spondylosis attracts ICD-10-AM code M47.16, M47.17, M47.26, M47.27, M47.86, M47.87, M47.96, M47.97 or M51.3.

- (d) In the application of this Statement of Principles, the definition of **“lumbar spondylosis”** is that given at paragraph 3(b) above.

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

4. 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 under the VEA, or members under the *Military Rehabilitation and Compensation Act 2004* (the MRCA).

#### **Factors that must be related to service**

5. Subject to clause 7, at least one of the factors set out in clause 6 must be related to the relevant service rendered by the person.

#### **Factors**

6. The factor 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 is:
- (a) having inflammatory joint disease in the lumbar spine before the clinical onset of lumbar spondylosis; or
  - (b) having septic arthritis in the lumbar spine before the clinical onset of lumbar spondylosis; or
  - (c) having an intra-articular fracture of the lumbar spine before the clinical onset of lumbar spondylosis; or
  - (d) having a condition of the lumbar spine from the specified list of spinal conditions before the clinical onset of lumbar spondylosis; or
  - (e) having a depositional joint disease in the lumbar spine before the clinical onset of lumbar spondylosis; or
  - (f) having a trauma to the lumbar spine within the twenty-five years before the clinical onset of lumbar spondylosis; or
  - (g) having a lumbar intervertebral disc prolapse before the clinical onset of lumbar spondylosis at the level of the intervertebral disc prolapse; or

- (h) carrying or lifting loads of at least thirty-five kilograms while bearing weight through the lumbar spine to a cumulative total of at least 168 000 kilograms within any ten year period before the clinical onset of lumbar spondylosis, and where the clinical onset of lumbar spondylosis occurs within the twenty-five years following that period; or
- (i) being obese for at least ten years within the twenty-five years before the clinical onset of lumbar spondylosis; or
- (j) having inflammatory joint disease in the lumbar spine before the clinical worsening of lumbar spondylosis; or
- (k) having septic arthritis in the lumbar spine before the clinical worsening of lumbar spondylosis; or
- (l) having an intra-articular fracture of the lumbar spine before the clinical worsening of lumbar spondylosis; or
- (m) having a condition of the lumbar spine from the specified list of spinal conditions before the clinical worsening of lumbar spondylosis; or
- (n) having a depositional joint disease in the lumbar spine before the clinical worsening of lumbar spondylosis; or
- (o) having a trauma to the lumbar spine within the twenty-five years before the clinical worsening of lumbar spondylosis; or
- (p) having a lumbar intervertebral disc prolapse before the clinical worsening of lumbar spondylosis at the level of the intervertebral disc prolapse; or
- (q) carrying or lifting loads of at least thirty-five kilograms while bearing weight through the lumbar spine to a cumulative total of at least 168 000 kilograms within any ten year period before the clinical worsening of lumbar spondylosis, and where the clinical worsening of lumbar spondylosis occurs within the twenty-five years following that period; or
- (r) being obese for at least ten years within the twenty-five years before the clinical worsening of lumbar spondylosis; or
- (s) inability to obtain appropriate clinical management for lumbar spondylosis.

### **Factors that apply only to material contribution or aggravation**

7. Paragraphs **6(j)** to **6(s)** 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.

### **Inclusion of Statements of Principles**

8. 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 as in force from time to time.

### **Other definitions**

9. 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 thirty 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 lumbar spondylosis”** in relation to a person includes death from a terminal event or condition that was contributed to by the person's lumbar spondylosis;

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

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

**“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), Fourth Edition, effective date of 1 July 2004, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86487 594 1;

**“inflammatory joint disease”** means rheumatoid arthritis, Reiter's syndrome, psoriatic arthropathy, 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;

**“lifting loads”** means manually raising an object;

**“relevant service”** means:

- (a) eligible war service (other than operational service) under the VEA; or
- (b) defence service (other than hazardous service) under the VEA; or
- (c) peacetime service under the MRCA;

**“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;

**“the specified list of spinal conditions”** means:

- (a) scoliosis;
- (b) spondylolisthesis;
- (c) retrospondylolisthesis;
- (d) a deformity of a vertebra;
- (e) a deformity of a joint of a vertebra, or
- (f) necrosis of bone;

**“trauma to the lumbar spine”** means a discrete injury, including G force-induced injury, to the lumbar spine that causes the development, within twenty-four hours of the injury being sustained, of symptoms and signs of pain, and tenderness, and either altered mobility or range of movement of the lumbar spine. These symptoms and signs must last for a period of at least ten days following their onset; save for where medical intervention for the trauma to the lumbar spine has occurred and that medical intervention involves either:

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

**Application**

**10.** This Instrument applies to all matters to which section 120B of the VEA or section 339 of the MRCA applies.

**Date of effect**

**11.** This Instrument takes effect from 16 November 2005.

Dated this *eighth* day of *November* 2005

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

KEN DONALD  
CHAIRPERSON