



Australian Government  
Repatriation Medical Authority

Statement of Principles  
concerning

**LUMBAR SPONDYLOSIS**

**No. 62 of 2014**

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. 62 of 2014.

**Determination**

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
  - (a) revokes Instrument No. 37 of 2005, as amended by Instrument No. 78 of 2008, Instrument No. 36 of 2010 and Instrument No. 69 of 2013, concerning lumbar spondylosis; 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 a degenerative joint disorder affecting the lumbar vertebrae or intervertebral discs with:
    - (i) clinical manifestations of local pain and stiffness, or symptoms and signs of lumbar cord, cauda equina or lumbosacral nerve root compression; and

- (ii) imaging evidence of degenerative change, including disc space narrowing or osteophytes.

Other commonly associated features include facet joint arthritis, bone hypertrophy and spinal stenosis. This definition excludes diffuse idiopathic skeletal hyperostosis, Scheuermann's kyphosis and bulging of an intervertebral disc in the absence of other signs of disc degeneration. Lumbar spondylosis includes spondylosis at the lumbosacral junction.

- (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. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **lumbar spondylosis** and **death from lumbar spondylosis** 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 *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 as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **lumbar spondylosis** or **death from lumbar spondylosis** with the circumstances of a person's relevant service is:
  - (a) being a prisoner of war before the clinical onset of lumbar spondylosis; or
  - (b) having inflammatory joint disease in the lumbar spine before the clinical onset of lumbar spondylosis; or
  - (c) having an infection of the affected joint as specified at least one year before the clinical onset of lumbar spondylosis; or
  - (d) having an intra-articular fracture of the lumbar spine at least one year before the clinical onset of lumbar spondylosis; or
  - (e) having a specified spinal condition affecting the lumbar spine for at least the one year before the clinical onset of lumbar spondylosis; or
  - (f) having leg length inequality for at least the two years before the clinical onset of lumbar spondylosis; or
  - (g) having a depositional joint disease in the lumbar spine before the clinical onset of lumbar spondylosis; or

- (h) having trauma to the lumbar spine at least one year before the clinical onset of lumbar spondylosis; or
- (i) having a lumbar intervertebral disc prolapse before the clinical onset of lumbar spondylosis at the level of the intervertebral disc prolapse; or
- (j) lifting loads of at least 25 kilograms while bearing weight through the lumbar spine to a cumulative total of at least 120 000 kilograms within any ten year period before the clinical onset of lumbar spondylosis; or
- (k) carrying loads of at least 25 kilograms while bearing weight through the lumbar spine to a cumulative total of at least 3 800 hours within any ten year period before the clinical onset of lumbar spondylosis; or
- (l) being obese for at least ten years before the clinical onset of lumbar spondylosis; or
- (m) flying in a powered aircraft as operational aircrew, for a cumulative total of at least 1 000 hours within the 25 years before the clinical onset of lumbar spondylosis; or
- (n) extreme forward flexion of the lumbar spine for a cumulative total of at least 1 500 hours before the clinical onset of lumbar spondylosis; or
- (o) having acromegaly involving the lumbar spine before the clinical onset of lumbar spondylosis; or
- (p) having Paget's disease of bone involving the lumbar spine before the clinical onset of lumbar spondylosis; or
- (q) having inflammatory joint disease in the lumbar spine before the clinical worsening of lumbar spondylosis; or
- (r) having an infection of the affected joint as specified at least one year before the clinical worsening of lumbar spondylosis; or
- (s) having an intra-articular fracture of the lumbar spine at least one year before the clinical worsening of lumbar spondylosis; or
- (t) having a specified spinal condition affecting the lumbar spine for at least the one year before the clinical worsening of lumbar spondylosis; or
- (u) having leg length inequality for at least the two years before the clinical worsening of lumbar spondylosis; or
- (v) having a depositional joint disease in the lumbar spine before the clinical worsening of lumbar spondylosis; or
- (w) having trauma to the lumbar spine at least one year before the clinical worsening of lumbar spondylosis; or
- (x) having a lumbar intervertebral disc prolapse before the clinical worsening of lumbar spondylosis at the level of the intervertebral disc prolapse; or
- (y) lifting loads of at least 25 kilograms while bearing weight through the lumbar spine to a cumulative total of at least 120 000 kilograms within

any ten year period before the clinical worsening of lumbar spondylosis; or

- (z) carrying loads of at least 25 kilograms while bearing weight through the lumbar spine to a cumulative total of at least 3 800 hours within any ten year period before the clinical worsening of lumbar spondylosis; or
- (aa) being obese for at least ten years before the clinical worsening of lumbar spondylosis; or
- (bb) flying in a powered aircraft as operational aircrew, for a cumulative total of at least 1 000 hours within the 25 years before the clinical worsening of lumbar spondylosis; or
- (cc) extreme forward flexion of the lumbar spine for a cumulative total of at least 1 500 hours before the clinical worsening of lumbar spondylosis; or
- (dd) having acromegaly involving the lumbar spine before the clinical worsening of lumbar spondylosis; or
- (ee) having Paget's disease of bone involving the lumbar spine before the clinical worsening of lumbar spondylosis; or
- (ff) inability to obtain appropriate clinical management for lumbar spondylosis.

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

7. Paragraphs **6(q) to 6(ff)** applies 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:

**"a depositional joint disease"** means gout, calcium pyrophosphate dihydrate deposition disease (also known as pseudogout), haemochromatosis, Wilson's disease or alkaptonuria (also known as ochronosis);

**"a kyphotic abnormality"** means abnormally increased dorsal convexity in the curvature of the lumbar vertebral column;

**"a lordotic abnormality"** means abnormally increased dorsal concavity in the curvature of the lumbar vertebral column;

**"a specified spinal condition"** means:

- (a) a deformity of a joint of a vertebra;
- (b) a deformity of a vertebra;
- (c) a kyphotic abnormality;
- (d) a lordotic abnormality;
- (e) necrosis of bone;
- (f) retrospondylolisthesis;
- (g) scoliosis; or
- (h) spondylolisthesis;

**"an infection of the affected joint as specified"** means bacterial or fungal infection of the affected joint in the lumbar spine resulting in inflammation within that joint;

**"an intra-articular fracture"** means a fracture involving any articular surface of the affected joint;

**"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;

**"extreme forward flexion of the lumbar spine"** means being in a posture involving greater than 90 degrees of trunk flexion;

**"G force"** means the ratio of the applied acceleration of the aircraft to the acceleration due to gravity, for example,  $4G = 4 \times 9.81\text{m/s}^2$ ;

**"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), Eighth Edition, effective date of 1 July 2013, copyrighted by the Independent Hospital Pricing Authority, and having ISBN 978-1-74128-213-9;

**"inflammatory joint disease"** means rheumatoid arthritis, reactive arthritis, psoriatic arthropathy, ankylosing spondylitis, or arthritis associated with Crohn's disease or ulcerative colitis;

**"leg length inequality"** means a clinically significant disparity of at least three percent or three centimetres in leg length, whichever is the lesser, where the inequality remains uncorrected and involves the limb in daily use;

**"lifting loads"** means manually raising an object;

**"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;

"**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 lumbar spine**" means a discrete event involving the application of significant physical force, including G force, 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. In the case of sustained unconsciousness or the masking of pain by analgesic medication, these symptoms and signs must appear on return to consciousness or the withdrawal of the analgesic medication. These symptoms and signs must last for a period of at least seven days following their onset; save for where medical intervention has occurred and that medical intervention involves either:

- (a) immobilisation of the lumbar spine by splinting, or similar external agent;
- (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 120A of the VEA or section 338 of the MRCA applies.

#### **Date of effect**

**11.** This Instrument takes effect from 2 July 2014.

Dated this **twentieth** day of **June** 2014

The Common Seal of the )  
Repatriation Medical Authority )  
was affixed at the direction of: )



PROFESSOR NICHOLAS SAUNDERS AO  
CHAIRPERSON