Australian Government
Repatriation Medical Authority

Statement of Principles
concerning

SPINAL ADHESIVE ARACHNOIDITIS

No. 116 of 2011

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 spinal adhesive arachnoiditis No. 116 of 2011.

Determination

2. This Statement of Principles is determined by the Repatriation Medical Authority under subsection **196B(2)** of the *Veterans' Entitlements Act 1986* (the VEA).

Kind of injury, disease or death

3. (a) This Statement of Principles is about **spinal adhesive arachnoiditis** and **death from spinal adhesive arachnoiditis**.

(b) For the purposes of this Statement of Principles, **"spinal adhesive arachnoiditis"** means a disease in which there is chronic inflammation of the arachnoid membrane of the spinal cord, with scarring, fibrosis and nerve root adhesions in the arachnoid and subarachnoid space demonstrated by imaging or surgery, and which is characterised by new onset of neurological symptoms and signs involving the spine, such as severe, continuous, burning pain in the lower back and extremities, dysaesthesia and muscle spasms, associated with motor, sensory or reflex changes, or a significant change in the pattern of pre-existing neurological symptoms and signs involving the spine. This definition includes arachnoiditis ossificans, but excludes asymptomatic transient

inflammation of the arachnoid membrane and arachnoid inflammation involving the brain and cranial nerves.

(c) Spinal adhesive arachnoiditis attracts ICD-10-AM code G03.9.

(d) In the application of this Statement of Principles, the definition of **"spinal adhesive arachnoiditis"** 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 **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 *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 **spinal adhesive arachnoiditis** or **death from spinal adhesive arachnoiditis** with the circumstances of a person's relevant service is:

(a) having severe spinal trauma involving the affected site, excluding surgical or therapeutic procedures, within the ten years before the clinical onset of spinal adhesive arachnoiditis; or

(b) undergoing an invasive spinal surgical procedure involving the affected site within the ten years before the clinical onset of spinal adhesive arachnoiditis; or

(c) having an injury from a dural puncture involving the affected site within the five years before the clinical onset of spinal adhesive arachnoiditis; or

(d) having an epidural catheter left in situ for a continuous period of at least 24 hours at the affected site, within the five years before the clinical onset of spinal adhesive arachnoiditis; or

(e) having an infection from the specified list within the five years before the clinical onset of spinal adhesive arachnoiditis; or

(f) having an intraspinal myelogram within the ten years before the clinical onset of spinal adhesive arachnoiditis; or

(g) having an epidural blood patch within the two years before the clinical onset of spinal adhesive arachnoiditis; or

(h) being treated with intrathecal methylprednisolone acetate (Depo-Medrol) within the two years before the clinical onset of spinal adhesive arachnoiditis; or

(i) having a subarachnoid haemorrhage within the ten years before the clinical onset of spinal adhesive arachnoiditis; or

(j) having a spinal subdural haematoma at the affected site within the ten years before the clinical onset of spinal adhesive arachnoiditis; or

(k) having severe spinal trauma involving the affected site, excluding surgical or therapeutic procedures, within the five years before the clinical worsening of spinal adhesive arachnoiditis; or

(l) undergoing an invasive spinal surgical procedure involving the affected site within the two years before the clinical worsening of spinal adhesive arachnoiditis; or

(m) having an injury from a dural puncture involving the affected site within the two years before the clinical worsening of spinal adhesive arachnoiditis; or

(n) having an epidural catheter left in situ for a continuous period of at least 24 hours at the affected site, within the two years before the clinical worsening of spinal adhesive arachnoiditis; or

(o) having an infection from the specified list within the two years before the clinical worsening of spinal adhesive arachnoiditis; or

(p) having an intraspinal myelogram within the five years before the clinical worsening of spinal adhesive arachnoiditis; or

(q) having an epidural blood patch within the two years before the clinical worsening of spinal adhesive arachnoiditis; or

(r) being treated with intrathecal methylprednisolone acetate (Depo-Medrol) within the one year before the clinical worsening of spinal adhesive arachnoiditis; or

(s) having a subarachnoid haemorrhage within the two years before the clinical worsening of spinal adhesive arachnoiditis; or

(t) having a spinal subdural haematoma at the affected site within the two years before the clinical worsening of spinal adhesive arachnoiditis; or

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

Factors that apply only to material contribution or aggravation

7. Paragraphs **6(k) to 6(u)** 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 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:

"an infection from the specified list" means:

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

"an injury from a dural puncture" means trauma to nerve roots or the spinal cord, nerve root paraesthesia, laceration of the myelin sheath or blood in the cerebrospinal fluid;

"death from 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;

"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), Seventh Edition, effective date of 1 July 2010, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 978 1 74210 154 5;

"relevant service" means:

(a) operational service under the VEA;
(b) peacekeeping service under the VEA;
(c) hazardous service under the VEA;
(d) warlike service under the MRCA; or
(e) non-warlike service under the MRCA;

"severe spinal trauma" means fracture or crush injury of the vertebral column, or other direct injury to the spinal cord or spinal meninges, as a result of external forces at the affected site, including blunt trauma, blast force or a foreign body penetrating the spinal region, which results in neurological dysfunction;

"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.

Date of effect

10. This Instrument takes effect from 31 August 2011.

Dated this *nineteenth* day of *August* 2011

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

KEN DONALD
CHAIRPERSON