

5223.0070 MUSCULOSKELETAL SCHEDULE; BACK.

Subpart 1. **Lumbar spine.** The spine rating is inclusive of leg symptoms except for gross motor weakness, bladder or bowel dysfunction, or sexual dysfunction. Permanent partial disability of the lumbar spine is a disability of the whole body as follows:

A. Healed sprain, strain, or contusion:

(1) Subjective symptoms of pain not substantiated by objective clinical findings or demonstrable degenerative changes, 0 percent.

(2) Pain associated with rigidity (loss of motion or postural abnormality) or chronic muscle spasm. The chronic muscle spasm or rigidity is substantiated by objective clinical findings but without associated demonstrable degenerative changes, 3.5 percent.

(3) Pain associated with rigidity (loss of motion or postural abnormality) or chronic muscle spasm. The chronic muscle spasm or rigidity is substantiated by objective clinical findings and is associated with demonstrable degenerative changes:

(a) single vertebral level, 7 percent; or

(b) multiple vertebral levels, 10.5 percent.

(4) Pain associated with rigidity (loss of motion or postural abnormality) or chronic muscle spasm. The chronic muscle spasm or rigidity is substantiated by objective clinical findings:

(a) spondylolisthesis grade I, no surgery, 7 percent;

(b) spondylolisthesis grade II, no surgery, 14 percent; or

(c) spondylolisthesis grade III or IV, without fusion, 24.5 percent.

B. Herniated intervertebral disc, single vertebral level:

(1) Condition not surgically treated:

(a) X-ray or computerized axial tomography or myelogram specifically positive for herniated disc; excellent results, with resolution of objective neurologic findings, 9 percent;

(b) back and specific radicular pain present with objective neurologic findings; and X-ray or computerized axial tomography or myelogram specifically positive for herniated disc; and no surgery is performed for treatment, 14 percent;

(2) condition treated by surgery:

(a) surgery or chemonucleolysis with excellent results such as mild low back pain, no leg pain, and no neurologic deficit, 9 percent;

(b) surgery or chemonucleolysis with average results such as mild increase in symptoms with bending or lifting, and mild to moderate restriction of activities related to back and leg pain, 11 percent;

(c) surgery or chemonucleolysis with poor surgical results such as persistent or increased symptoms with bending or lifting, and major restriction of activities because of back and leg pain, 13 percent; or

(d) multiple operations on low back with poor surgical results such as persisting or increased symptoms of back and leg pain, 15 percent;

(3) recurrent herniated intervertebral disc, occurring to same vertebral level previously treated with surgery or chemonucleolysis, add five percent to subitem (2);

(4) herniated intervertebral disc at a new vertebral level other than the previously treated herniated intervertebral disc, calculate rating the same as subitems (1) and (2); or

(5) second herniated disc at adjacent level treated concurrently, add five percent to subitem (1) or (2).

C. Spinal stenosis, central or lateral, proven by computerized axial tomography or myelogram:

(1) mild symptoms such as occasional back pain with athletic activities or repetitive bending or lifting, leg pain with radicular symptoms, one vertebral level and no surgery, 14 percent; or

(2) severe spinal stenosis with bilateral leg pain requiring decompressive laminectomy, single vertebral level, with or without surgery (if multiple vertebral levels, add five percent per vertebral level), 18 percent.

D. Spinal fusion surgery for single vertebral level with or without laminectomy, 17.5 percent. Add five percent for each additional vertebral level.

E. Fractures:

(1) vertebral compression with a decrease of ten percent or less in vertebral height, one or more vertebral segments, no fragmentation, no involvement of posterior elements, no nerve root involvement, 4 percent;

(2) vertebral compression with a decrease of 25 percent or less in vertebral height, one or more vertebral segments, no fragmentation, no involvement posterior elements, no nerve root involvement, 10.5 percent;

(3) vertebral compression fracture, with a decrease of more than 25 percent in vertebral height, one or more vertebral segments, no fragmentation, no involvement posterior elements, no nerve root involvement, 15 percent;

(4) vertebral fracture with involvement of posterior elements with X-ray evidence of moderate partial dislocation:

- (a) no nerve root involvement, healed, 10.5 percent;
- (b) with persistent radicular pain, 12 percent;
- (c) with surgical fusion, healed, no permanent motor or sensory changes, 14 percent;

(5) severe dislocation:

- (a) normal reduction with surgical fusion, 12 percent;
- (b) poor reduction with fusion, persistent radicular pain, 17.5 percent.

Subp. 2. **Cervical spine.** The spine rating is inclusive of arm symptoms except for gross motor weakness; sensory loss; and bladder, bowel, or sexual dysfunction. Bladder, bowel, or sexual dysfunction must be rated as provided in part 5223.0060, subpart 7. Permanent partial disability of the cervical spine is a disability of the whole body as follows:

A. Healed sprain, strain, or contusion:

(1) Subjective symptoms of pain not substantiated by objective clinical findings or demonstrable degenerative changes, 0 percent.

(2) Pain associated with rigidity (loss of motion or postural abnormality) or chronic muscle spasm. The chronic muscle spasm or rigidity is substantiated by objective clinical findings but without associated demonstrable degenerative changes, 3.5 percent.

(3) Pain associated with rigidity (loss of motion or postural abnormality) or chronic muscle spasm. The chronic muscle spasm or rigidity is substantiated by objective clinical findings and is associated with demonstrable degenerative changes:

- (a) single vertebral level, 7 percent; or
- (b) multiple vertebral levels, 10.5 percent.

B. Herniated intervertebral disc, single vertebral level:

(1) Condition not surgically treated:

(a) X-ray or computerized axial tomography or myelogram specifically positive for herniated disc; excellent results, with resolution of objective neurologic findings, 9 percent.

(b) Neck and specific radicular pain present with objective neurologic findings; and X-ray or computerized axial tomography or myelogram specifically positive for herniated disc; and no surgery is performed for treatment, 14 percent.

(2) Condition treated by surgery:

(a) Surgery with excellent results such as mild neck pain, no arm pain, and no neurologic deficit, 9 percent.

(b) Surgery with average results such as mild increase in symptoms with neck motion or lifting, and mild to moderate restriction of activities related to neck and arm pain, 11 percent.

(c) Surgery with poor surgical results such as persistent or increased symptoms with neck motion or lifting, and major restriction of activities because of neck and arm pain, 13 percent.

(d) Multiple operations on neck with poor surgical results such as persisting or increased symptoms of neck and arm pain, 15 percent.

(3) Recurrent herniated intervertebral disc, occurring to same vertebral level previously treated with surgery, add five percent to subitem (2).

(4) Herniated intervertebral disc at a new vertebral level other than the previously treated herniated intervertebral disc, calculate rating the same as subitems (1) and (2).

(5) Second herniated disc at adjacent level treated concurrently, add five percent to subitem (1) or (2).

C. Spinal stenosis, proven by computerized axial tomography or myelogram.

(1) With myelopathy verified by objective neurologic findings, no loss of function, 14 percent.

(2) Loss of function: the rate provided in part 5223.0060, subpart 7.

D. Fusion of a single vertebral level with or without a laminectomy, 11.5 percent. Add five percent for each additional vertebral level.

E. Fracture:

(1) vertebral compression with a decrease of ten percent or less in vertebral height, one or more vertebral segments, no fragmentation, no involvement of posterior elements, no nerve root involvement, loss of motion neck and all planes, approximately 75 percent normal range of motion neck with pain, 6 percent;

(2) vertebral compression with a decrease of 25 percent or less in vertebral height, one or more vertebral segments, no fragmentation, no involvement posterior elements, no nerve root involvement, loss of motion in the neck in all planes, approximately 50 percent normal range of motion in neck with pain, 14 percent;

(3) vertebral compression with a decrease of more than 25 percent of vertebral height, one or more vertebral segments, no fragmentation, no involvement posterior elements, no nerve root involvement, loss of motion in the neck in all planes, approximately 50 percent normal range of motion in neck with pain, 19 percent;

(4) vertebral fracture with involvement of posterior elements with X-ray evidence of moderate partial dislocation:

(a) no nerve root involvement, healed, 10.5 percent;

(b) with persistent pain, 12 percent;

(c) with surgical fusion, healed, no permanent motor or sensory changes, 14 percent;

(5) severe dislocation:

(a) normal reduction with surgical fusion, 12 percent;

(b) poor reduction with fusion, persistent radicular pain, 17.5 percent.

Subp. 3. **Thoracic spine.** The spine rating is inclusive of all symptoms including radicular gross motor weakness and sensory loss, but excluding spinal cord injury. Permanent partial disability of the thoracic spine is a disability of the whole body as follows:

A. Healed sprain, strain, or contusion:

(1) Subjective symptoms of pain not substantiated by objective clinical findings or demonstrable degenerative changes, 0 percent.

(2) Pain associated with chronic muscle spasm. The chronic muscle spasm is substantiated by objective clinical findings and is associated with demonstrable degenerative changes, single or multiple level, 3.5 percent.

B. Herniated intervertebral disc, symptomatic:

(1) Condition not surgically treated:

(a) X-ray or computerized axial tomography or myelogram specifically positive for herniated disc; excellent results, with resolution of objective neurologic findings, 3 percent.

(b) Specific radicular pain present with objective neurologic findings, and X-ray or computerized axial tomography or myelogram specifically positive for herniated disc, and no surgery is performed for treatment, 5 percent.

(2) Condition treated by surgery:

(a) surgery with excellent results such as mild thoracic pain, no radicular pain, and no neurological deficit, 5 percent;

(b) surgery with poor surgical results such as persistence of increased symptoms with lifting, and major restriction of activities, 10 percent.

C. Fractures:

(1) Vertebral compression with a decrease of ten percent or less in vertebral height, one or more vertebral segments, no fragmentation, no involvement of posterior elements, no nerve root involvement, 4 percent.

(2) Vertebral compression with a decrease of 25 percent or less in vertebral height, one or more vertebral segments, no fragmentation, no involvement posterior elements, no nerve root involvement, 10.5 percent.

(3) Vertebral compression fracture, with a decrease of more than 25 percent in vertebral height, one or more vertebral segments, no fragmentation, no involvement posterior elements, no nerve root involvement, 15 percent.

(4) Vertebral fracture with involvement of posterior elements with x-ray evidence of moderate partial dislocation:

(a) no nerve root involvement, healed, 10.5 percent;

(b) with persistent pain, with mild motor and sensory manifestations, 17.5 percent;

(c) with surgical fusion, healed, no permanent motor or sensory changes, 14 percent.

(5) Severe dislocation, normal reduction with surgical fusion:

(a) no residual motor or sensory changes, 12 percent;

(b) poor reduction with fusion, persistent radicular pain, motor involvement, 17.5 percent.

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