

**5223.0380 MUSCULOSKELETAL SCHEDULE; THORACIC SPINE.**

Subpart 1. **General.** For permanent partial impairment to the thoracic spine, disability of the whole body is as provided in subparts 2 to 4. The impairing condition in the thoracic spine resulting from an injury may be rated only under one category of subpart 2, 3, or 4. Categories from more than one of subpart 2, 3, or 4 cannot be used in rating the impairing condition resulting from a single injury. Categories in subparts 2 to 4 may not be combined or added together in rating the extent of impairment due to a single injury except as specifically provided. Categories in other subparts may be combined with the rating under subpart 3 or 4 as specifically provided in this part.

If any injury has resulted in mutually exclusive impairing conditions in other areas of the spine, such as cervical spine, under part 5223.0370, or lumbar spine, under part 5223.0390, the mutually exclusive impairing conditions must be rated separately and then all ratings combined as described in part 5223.0300, subpart 3, item E.

A. Permanent partial disability due to injury of the spinal cord is as provided in part 5223.0360, subpart 6, and may be combined with ratings under subpart 2.

B. Permanent partial impairment due to bladder dysfunction is as provided in part 5223.0600, subpart 3, and may be combined with ratings under this part.

C. Permanent partial impairment due to sexual dysfunction is as provided in part 5223.0600, subparts 6 and 9, and may be combined with ratings under this part.

D. Permanent partial impairment due to anal dysfunction is as provided in part 5223.0590, subpart 4, and may be combined with ratings under this part.

**Subp. 2. Fractures.**

A. Compression fracture of vertebral body, with no involvement of posterior elements, one or more vertebral bodies is rated by the greatest loss of vertebral height among the involved segments:

(1) decrease of no more than ten percent of vertebral height in any vertebral segment, zero percent;

(2) decrease of greater than ten percent but less than or equal to 25 percent in vertebral height in at least one vertebral segment, four percent;

(3) decrease in vertebral height is greater than 25 percent but less than or equal to 50 percent in at least one vertebral segment, 10.5 percent;

(4) decrease of greater than 50 percent in vertebral height in at least one vertebral segment, 15 percent.

B. Vertebral fractures involving posterior elements and X-ray evidence of dislocation regardless of vertebral compression of any degree:

- (1) normal reduction and no surgery required, 10.5 percent;
- (2) surgery performed and normal reduction achieved, 14 percent;
- (3) no surgery performed and reduction is not normal, 15 percent;
- (4) surgery performed with poor reduction, 19 percent.

C. Any other documented acute fracture other than as specified in item A or B, four percent.

D. For fractures of multiple vertebral levels, add three percent, regardless of the number of levels involved, to item A, B, or C as otherwise applicable.

**Subp. 3. Thoracic pain syndrome.**

A. Symptoms of pain or stiffness in the region of the thoracic spine not substantiated by persistent objective clinical findings, regardless of radiographic findings, zero percent.

B. Symptoms of pain or stiffness in the region of the thoracic spine, substantiated by persistent objective clinical findings, that is, involuntary muscle tightness in the paraspinal muscles, regardless of radiographic abnormality, 2.5 percent.

**Subp. 4. Radicular syndromes.**

A. Radicular pain or radicular paresthesia, as defined in part 5223.0310, subparts 43 and 44, with or without thoracic pain syndrome, not substantiated by persistent objective clinical findings, regardless of radiographic findings, zero percent.

B. Radicular pain or radicular paresthesia, with or without thoracic pain syndrome, with persistent objective clinical findings confined to the region of the thoracic spine, that is, involuntary muscle tightness in the paraspinal muscles, but no radiographic findings, 2.5 percent.

C. Radicular pain or radicular paresthesia, with or without thoracic pain syndrome, with persistent objective clinical findings confined to the region of the thoracic spine, that is, involuntary muscle tightness in the paraspinal muscles, and with any radiographic, myelographic, CT scan, or MRI scan abnormality not specifically addressed elsewhere in this part, five percent.

D. Radicular pain or radicular paresthesia, with or without thoracic pain syndrome, and myelographic, CT scan, or MRI scan evidence of intervertebral disc bulging, protrusion, or herniation that impinges on a thoracic nerve root, and the medical

imaging findings correlate anatomically, three percent with the addition of as many of subitems (1) to (4) as apply, but each may be used only once:

(1) if chronic radicular pain or radicular paresthesia persist despite treatment, add two percent;

(2) if a surgery is performed as part of the treatment, add two percent;

(3) for additional surgery, regardless of the number of additional surgeries, add two percent;

(4) additional concurrent lesion on contralateral side at same level or on either side at other level which meets all of the criteria of this item, add three percent.

**Statutory Authority:** *MS s 176.105*

**History:** *17 SR 3364; 35 SR 138*

**Published Electronically:** *August 16, 2010*