

Administrative regulations for evaluations of spinal impairments

When rating spinal impairments, health-care providers should rely on language in the following Washington Administrative Codes (WACs).

WAC 296-20-230

Cervical and cervico-dorsal impairments.

- (1) Rules for evaluation of cervical and cervico-dorsal impairments are as follows:
 - (a) Muscle spasm or involuntary guarding, bony or fibrous fusion, any arthritic condition, internal fixation devices or other physical finding shall be considered, in selecting the appropriate category, only insofar as productive of cervical or cervico-dorsal impairment.
 - (b) Gradations of clinical findings of cervico-dorsal impairments in terms of “mild,” “moderate” or “marked” shall be based on objective medical tests.
 - (c) Categories 2, 3, 4 and 5 include the presence of complaints of whatever degree in the neck or extremities.
 - (d) Bladder and/or bowel sphincter impairments deriving from cervical and cervico-dorsal impairment shall be evaluated separately.
 - (e) Neck as used in these rules and categories shall include the cervical and adjacent areas.

WAC 296-20-240

Categories of permanent cervical and cervico-dorsal impairments.

- (1) No objective clinical findings are present. Subjective complaints may be present or absent.
- (2) Mild cervico-dorsal impairment, with objective clinical findings of such impairment with neck rigidity substantiated by X-ray findings of loss of anterior curve, without significant objective neurological findings.

This and subsequent categories include the presence or absence of pain locally and/or radiating into an extremity or extremities. This and subsequent categories also include the presence or absence of reflex and/or sensory losses. This and subsequent categories also include objectively demonstrable herniation of a cervical intervertebral disc with or without discectomy and/or fusion, if present.
- (3) Mild cervico-dorsal impairment, with objective clinical findings of such impairment, with neck rigidity substantiated by X-ray findings of loss of anterior curve, narrowed intervertebral disc spaces and/or osteoarthritic lipping of vertebral margins, with significant objective findings of mild nerve root involvement.

This and subsequent categories include the presence or absence of any other neurological deficits not otherwise specified in these categories with the exception of bladder and/or bowel sphincter impairments.
- (4) Moderate cervico-dorsal impairment, with objective clinical findings of such impairment, with neck rigidity substantiated by X-ray findings of loss of anterior curve, narrowed intervertebral disc spaces and/or osteoarthritic lipping of vertebral margins, with

objective findings of moderate nerve root involvement with weakness and numbness in one or both upper extremities.

(5) Marked cervico-dorsal impairment, with marked objective clinical findings of such impairment, with neck rigidity substantiated by X-ray findings of loss of anterior curve, narrowed intervertebral disc spaces and/or osteoarthritic lipping of vertebral margins, with objective findings of marked nerve root involvement with weakness and numbness in one or both upper extremities.

WAC 296-20-250

Impairments of the dorsal area.

(1) Rules for evaluation of permanent dorsal area impairments are as follows:

(a) Muscle spasm or involuntary guarding, bony or fibrous fusion, any arthritic condition, internal fixation devices or other physical finding shall be considered, in selection of the appropriate category, only insofar as productive of dorsal area impairment.

(b) Gradations of clinical findings of dorsal impairments in terms of “mild,” “moderate” or “marked” shall be based on objective medical tests.

(c) Categories 2 and 3 include the presence of complaints of whatever degree.

(d) Bladder and/or bowel sphincter impairments deriving from impairments of the dorsal area shall be evaluated separately.

(e) Impairments which also involve the cervical or lumbar areas shall be evaluated only under the cervical and cervico-dorsal or dorsolumbar and lumbosacral categories.

WAC 296-20-260

Categories of permanent dorsal area impairments.

(1) No objective clinical findings are present. Subjective complaints may be present or absent.

(2) Mild or moderate dorsal impairment, with objective clinical findings of such impairment, without significant objective neurological findings, with or without X-ray changes of narrowed intervertebral disc spaces and/or osteoarthritic lipping of intervertebral margins. Includes the presence or absence of reflex and/or sensory losses.

This and the subsequent category include the presence or absence of pain, locally or radiating from the dorsal area.

(3) Marked dorsal impairment, with marked objective clinical findings, with marked X-ray findings of narrowed intervertebral disc spaces and/or osteoarthritic lipping of vertebral margins, with significant objective neurological deficits, complaints and/or findings, deriving from dorsal impairment.

WAC 296-20-270

Dorso-lumbar and lumbosacral impairments.

(1) Rules for evaluation of permanent dorso-lumbar and lumbosacral impairments are as follows:

(a) Muscle spasm or involuntary guarding, bony or fibrous fusion, any arthritic condition, internal fixation devices or other physical finding shall be considered, in selecting the appropriate category, only insofar as productive of low back impairment.

(b) Gradations of clinical findings of low back impairments in terms of “mild,” “moderate” or “marked” shall be based on objective medical tests.

(c) All of the low back categories include the presence of complaints of whatever degree.

(d) Any and all neurological deficits, complaints, and/or findings in other bodily areas or systems which are the result of dorso-lumbar and lumbosacral impairments, except for objectively demonstrated bladder and/or bowel sphincter impairments, shall be evaluated by the descriptions contained in the categories of dorso-lumbar and lumbosacral impairments.

(e) Bladder and/or bowel sphincter impairments deriving from dorso-lumbar and lumbosacral impairments shall be evaluated separately.

(f) Low back as used in these rules and categories includes the lumbar and adjacent areas.

WAC 296-20-280

Categories of permanent dorso-lumbar and lumbosacral impairments.

(1) No objective clinical findings. Subjective complaints and/or sensory losses may be present or absent.

(2) Mild low back impairment, with mild intermittent objective clinical findings of such impairment but no significant X-ray findings and no significant objective motor loss. Subjective complaints and/or sensory losses may be present.

(3) Mild low back impairment, with mild continuous or moderate intermittent objective clinical findings of such impairment but without significant X-ray findings or significant objective motor loss.

This and subsequent categories include: The presence or absence of reflex and/or sensory losses; the presence or absence of pain locally and/or radiating into an extremity or extremities; the presence or absence of a laminectomy or discectomy with normally expected residuals.

(4) Mild low back impairment, with mild continuous or moderate intermittent objective clinical findings of such impairment, with mild but significant X-ray findings and with mild but significant motor loss objectively demonstrated by atrophy and weakness of a specific muscle or muscle group.

This and subsequent categories include the presence or absence of a surgical fusion with normally expected residuals.

(5) Moderate low back impairment, with moderate continuous or marked intermittent objective clinical findings of such impairment, with moderate X-ray findings and with mild but significant motor loss objectively demonstrated by atrophy and weakness of a specific muscle or muscle group.

(6) Marked low back impairment, with marked intermittent objective clinical findings of such impairment, with moderate or marked X-ray findings and with moderate motor loss objectively demonstrated by atrophy and weakness of a specific muscle or muscle group.

(7) Marked low back impairment, with marked continuous objective clinical findings of such impairment, with marked X-ray findings and with marked motor loss objectively demonstrated by marked atrophy and weakness of a specific muscle or muscle group.

(8) Essentially total loss of low back functions, with marked X-ray findings and with marked motor loss objectively demonstrated by marked atrophy and weakness of a muscle group or groups.