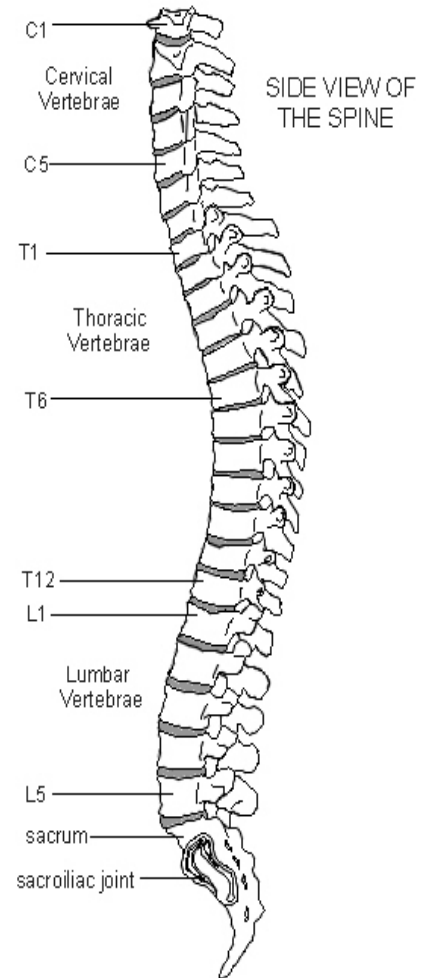




Law Offices of Bradford & Barthel, LLP

ROM Method

I. Diagnosis*	(Table 15-7)	
WPI equals	—————>	
II. Range of Motion		
Lumbar	(Table 15-8, 15-9)	
Thoracic	(Table 15-10, 15-11)	
Cervical Table	(Tables 15-12, 15-13, 15-14)	
WPI equals	—————>	
Combine WPI from Element I and Element II **	—————>	
III. Nerve Root		
Sensory Loss Deficit %	(Table 15-15)	
Motor Deficit %	(Table 15-16)	
Multiply deficits by table 15-17 (UE) or 15-18 (LE)		
Combine all sensory loss %, convert to WPI**		
Combine all motor loss %, convert to WPI**		
Sensory WPI equals***	—————>	
Motor WPI equals***	—————>	



- * Identify the most significant diagnosis of the spinal region
- ** Combined Values Chart
- ***Combine Element I and II, then adjust. Adjust each sensory & motor WPI separately.

Use DRE method except in the following situations:
<ul style="list-style-type: none"> - Impairment is not caused by injury or illness - Multilevel involvement in the same spinal region - Fusions at multiple levels in the same region, unless there is involvement of corticospinal tract - Recurrent radiculopathy caused by new (recurrent) disk herniation in the same spinal region - Multiple episodes of other pathology producing alteration of motion segment integrity (fusion) - Statutorily mandated

Office Locations

Anaheim, CA
(714) 526-9120

Bakersfield, CA
(661) 347-4500

Fresno, CA
(559) 442-3602

Los Angeles, CA
(310) 981-5004

Oakland, CA
(510) 268-0061

Ontario, CA
(909) 476-0552

Redding, CA
(530) 242-6909

Sacramento, CA
(916) 569-0790

Salinas, CA
8619

San Diego, CA
(619) 641-7942

San Jose, CA
(408) 392-8202

Santa Rosa, CA (831) 758-
(707) 571-7415

Woodland Hills, CA
(818) 654-0411

Ventura, CA
(805) 677-4808

B&B's AMA Analysis & Rating Department - Tel: (916) 569-0790 Fax: (916) 973-1592

www.bradfordbarthel.com

Table 15.3

Criteria for Rating Impairment Due to Lumbar Spine Injury (p.384)

I	II	III	IV	V
0%	5 - 8%	10 - 13%	20- 23%	25 - 28%
No objective clinical findings	Significant muscle guarding or spasm at exam; asymmetric loss of range of motion; non radicular findings; history of resolved documented radiculopathy or 1. < 25% compression fx of one vertebral body 2. Posterior element fx without dislocation 3. Spinous or transverse fx with displacement	Significant radiculopathy; unilateral atrophy at or below knee; radiculopathy resolved with surgery or 1. 25%-50% compression fx one vertebral body 2. Posterior element fx with displacement	Loss or alteration of motion segment integrity or bilateral or multilevel radiculopathy or >50% compression fx one vertebral body without residual neural compromise	Meets criteria of DRE III & IV. Radiculopathy and alteration of motion segment integrity (e.g. fusion) or > 50% compression of one vertebral body with unilateral neurological compromise

D
R
E

C
A
T
E
G
O
R
I
E
S

Table 15.4

Criteria for Rating Impairment Due to Thoracic Spine Injury (p.389)

I	II	III	IV	V
0%	5 - 8%	15 - 18%	20 - 23%	25 - 28%
No objective clinical findings	Significant muscle guarding or spasm observed at exam or non-radicular findings. History of documented but resolved radiculopathy. Herniated disk consistent with objective findings or 1. <25% compression fx one vertebral body; 2. Posterior element fx without dislocation; 3. Spinous or transverse fx with displacement	Ongoing neuro lower extremity impairment due to injury. Radiculopathy or h/o radiculopathy improved with surgery or 1. 25%-50% compression fx one vertebral body 2. Posterior element fx with displacement	Loss or alteration of motion segment integrity or bilateral or multilevel radiculopathy or >50% compression fx one vertebral body without residual neural compromise	Impairment of LE as defined in Cat III and loss of structural integrity as defined in Cat IV or >50% compression of one vertebral body w/ neural motor compromise, but not bilateral involvement

Table 15.5

Criteria for Rating Impairment Due to Cervical Disorders (p.392)

I	II	III	IV	V
0%	5 - 8%	15 - 18%	25- 28%	35-38%
No objective clinical findings	Muscle guarding or spasm observed at exam; non-radicular findings: History of documented radiculopathy improved with non-operative treatment or 1. <25% compression fx one vertebral body; 2. Posterior element fx without dislocation; 3. Spinous or transverse fx with displacement	Radiculopathy; history of radiculopathy improved with surgery or 1. 25%- 50% compression fx one vertebral body 2. Posterior element fx, with displacement	Alteration of motion segment integrity (e.g. fusion) or multi level radiculopathy or >50% compression fx one vertebral body without residual neural compromise	Significant UE impairment requiring use of UE ext functional or adaptive devices: total loss at a single level or severe multilevel neuro dysfunction or > 50% compression fx one vertebral body with unilateral neurological compromise