

DEPARTMENT OF LABOR AND EMPLOYMENT
Division of Workers' Compensation

APPORTIONMENT OF SPINAL CONDITIONS / INJURIES

INSTRUCTIONS:

1. Each spinal area is rated separately: cervical, thoracic and lumbar. For example, a previous injury to the cervical spine cannot be used to justify apportionment on a current thoracic spine injury.
2. For injuries that occurred on or after July 1, 2008: If you determine that the *previous* injury is (1) non-work-related, and (2) was not independently disabling at the time of the current injury, do *not* continue with this process.
3. The physician must determine whether there is objective evidence to support a pre-injury Table 53 rating. The six-month time period required in Table 53 can be met by cumulative or consecutive episodes. If a pre-injury Table 53 rating can be supported, it must be subtracted from the current Table 53 rating. *Remember that the current TOTAL rating cannot be less than the previous rating.*
4. If the patient has pre-injury spinal range of motion measurements taken consistent with the AMA Guides 3rd edition (revised), the impairment from those measurements should be subtracted from the ROM impairment calculated for the current spinal injury.
5. If no pre-injury range of motion measurements exist and the patient has a pre-injury condition of discectomy, fusion, fracture, spinal stenosis, spondylolysis, spondylolistheses, or chronic pain with medically documented injury and a minimum of six months medically documented pain and rigidity with or without muscle spasm, then the ROM category may be evaluated for apportionment.
 - a. To apportion ROM, the physician uses clinical judgment, history and physical exam findings, and other objective evidence to choose the severity category (none, mild, moderate or severe) that best represents the preinjury state of the patient. The total number in each severity category on the Severity Index worksheet (Table A) can be used as a guide to help determine the appropriate severity category. In many cases all of the information in Table A may not be available. In that case, indicate the information that is missing on Table A and determine the severity category from the available information.
 - b. Each severity category has a range of percentage associated with it (Table B). After you have determined the appropriate severity category use Table B to determine the available percentage for that category that you believe best represents the patient.
 - c. Multiply the percentage for the severity category from Table B times the maximum available apportionable percentage for ROM for the patient's previous diagnosis found in Table C. Round 0.5% or higher up and less than 0.5% down. *See Table D.*
 - d. Subtract the apportionable ROM percentage from the total ROM percentage calculated for the current impairment.

Worksheet for Range of Motion Spinal Apportionment

Patient: _____ Patient WC#: _____
 Date of Injury: _____ Carrier #: _____
 Physician: _____ Patient Record #: _____

TABLE A

Severity Index Worksheet for Evaluation of Range of Motion Deficit from a Previous Spinal Injury¹

Severity:	(None) ✓	Mild ✓	Moderate ✓	Severe ✓	N/A ²
Restriction in activity (work and activities of daily living) caused by previous spinal injury	Full Activity (no restrictions)	Temporary episode-related restriction	Some permanent restriction	Limited to sedentary activities	
Number of episodes within the year prior to the current injury causing functional disability	0	1	2 - 3	>3	
Time lost from work in last 12 months due to the previous injury	0	1-2 days	3-5 days	>5 days	
Medical visits (MD, DO, DC) in the last 12 months due to the previous injury	None	1-2 visits	3-6 visits	>6 visits	
TOTAL	(NONE)	(MILD)	(MODERATE)	(SEVERE)	N/A

¹ This table only applies when the injury occurred in the same spinal area--cervical, thoracic or lumbar-- as the work-related injury being rated.

² Frequently, detailed information on a specific category may not be available. If that is the case, check this column.

TABLE B

Severity Category Ranges

Choose the Severity Category and % which best represents the patient:					
Range of motion apportionment for previous injury	None	Mild	Moderate	Severe	Patient's %
	0%	1 – 33%	34 - 66%	67 – 100%	

TABLE C

Maximum Allowable Spinal Deficits for Range of Motion Apportionment of Prior Injuries

Total Apportionable Impairment Percentage for Range of Motion			
Medical Condition (using Table 53 p. 80 as a reference)	Cervical	Thoracic	Lumbar
Spinal Fusion ¹	14%	4%	12%
Other surgically-treated disc lesions ²	6%	2%	5%
Other disorders rated under Table 53 ³	3%	1%	3%

¹ For one-level fusion, complete severity category rating (Table B) as directed. For a two or multi-level fusion, use the full 14%, 4% or 12% (as appropriate to the spinal region).

² If diskectomy is done in conjunction with fusion, use fusion value on the table.

³ This includes all other Table 53 ratings including diagnosis for fracture, spinal stenosis, spondylolysis, spondylolistheses, or chronic pain with medically documented injury and a minimum of six months medically documented pain and rigidity with or without muscle spasm

TABLE D

Calculation of Apportionable ROM

Patient's Percentage from Table B _____% x WP Apportionable Percentage from
Table C _____% = _____% ROM impairment due to previous injury *

Total Pre-apportionment ROM Impairment _____% - _____% ROM due to previous injury
= _____% ROM WP Impairment after apportionment*

*Round 0.5% up to the next whole number, less than 0.5% down to the nearest whole number.

Physician Signature: _____ Date: _____