

DOCTOR'S ANALYSIS OF CERVICAL SPINE IMPAIRMENT

Patient _____ DOI _____ Date of Test _____

From the AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, p. 373-395

DRE Cervical Category II (5% to 8% Impairment of the Whole Person)

Clinical Picture: (1) Clinical history and examination findings are compatible with a specific injury; findings may include muscle guarding or spasm observed at the time of the examination by a physician, asymmetric loss of range of motion, or non-verifiable radicular complaints, defined as complaints of radicular pain without objective findings; no alteration of the structural integrity; or (2) herniated disk at the level and on the side that would be expected from objective clinical findings, but without radicular signs following conservative treatment.

DRE Cervical Category III (15% to 18% Impairment of the Whole Person)

Clinical Picture: (1) Significant signs of radiculopathy, such as pain and/or sensory loss in a dermatomal distribution, loss of relevant reflex(es), loss of muscle strength, or unilateral atrophy compared with the unaffected side, measured at the same distance above or below the elbow; the neurologic impairment may be verified by electrodiagnostic findings; or (2) individual had clinically significant radiculopathy and an imaging study that demonstrated a herniated disk at the level and on the side that would be expected based on the radiculopathy, but has improved following nonoperative treatment.

DRE Cervical Category IV (25% to 28% Impairment of the Whole Person)

Clinical Picture: Alteration of motion segment integrity or bilateral or multilevel radiculopathy; alteration of motion segment integrity is defined as translation of one vertebra on another or more than 3.5 mm or angular motion of more than 11 degree greater than at each adjacent levels; radiculopathy need not be present if there is alteration of motion segment integrity.

This patient's current clinical picture: () Muscle Guarding/Spasm () Asymmetric LOM
() Non-verifiable Radiculopathy () Herniated Disk Verified by _____
() Sensory Loss () Painful Radiculopathy () Weakness
() Loss of Relevant Reflexes () Unilateral Atrophy () >11 deg. Angle
() Abnormal Electrodiagnostics () >3.5mm Translational Instability at _____

Source: () Plain X-ray Films () DMX/Fluoroscopy () Radiology Report
() History & Examination () Other _____

This patient is DRE Cervical Category _____ with a _____% Impairment of the whole person.

I recommend: Observation Neuro Consultation Ortho Consultation MD Consultation

Doctor's Signature _____ Date _____

Example of DRE Cervical Category II (AMA Guides, p. 393)

History: 37 year old woman, neck pain and lateral right upper extremity extending to the thumb following a rear-end auto collision. An MRI showed a herniation at C6. She elected nonoperative treatment and recovered after 18 months.

Current Symptoms: Some residual neck pain with physical activity (no pain at rest); upper limb symptoms have resolved completely.

Physical Exam: Slight loss of motion of the cervical spine. Neurologic exam is normal.

Clinical Studies: Initial MRI showed right posterolateral disk herniation at C5 (that's what the book says.) No followup MRI.

Impairment Rating: 5% Impairment of the Whole Person.

Example of DRE Cervical Category III (AMA Guides, p. 394)

History: 44 year old man, blow to back of neck, unable to use his dominant left hand for ADL without considerable pain in neck, left upper back, and ulnar left upper limb. No discomfort in lower extremities. Refuses surgery.

Current Symptoms: Neck pain, radiating to the ulnar hand with numbness of the ring and little fingers.

Physical Exam: Decreased ROM in neck with severe radiating pain to the left arm in a C6 distribution. Residual symptoms and functional limitations to perform ADL.

Clinical Studies: MRI showed left posterolateral disk herniation at C7-8 (that's what the book says)

Impairment Rating: 18% of the whole person.

Example of DRE Cervical Category IV (AMA Guides, p. 394)

History: 37 year old woman, neck and right arm pain along the radial aspect and into the thumb following a medium-speed rear-end auto collision. Failed conservative treatment. Discectomy of C6 and fusion of C6 to C7. Healed uneventfully and returned to work 4 months after surgery.

Current Symptoms: Occasional neck pain with physical activity. No arm pain.

Physical Exam: Slight loss of cervical spine motion. Neurological exam normal.

Impairment Rating: 25% of the whole person.

Example #2

Patient with neck pain following rear-end collision. Flexion and extension radiographs are read by DABR or DACBR who finds >3.5 mm translation or >11 degrees at one segment.

Impairment Rating: 25% of the whole person.