

# Impairment Rating Report

Subject: John Doe  
Evaluator: Dr. Michael Schulman  
Date of exam: August 15, 2022

## Non-specific chronic, or chronic recurrent neck pain

The evaluation of impairment due to non-specific chronic, or chronic recurrent neck pain is based on Section 17.2, Diagnosis-Based Impairment (6th ed, p 560), and Section 17.2a, Cervical Spine (6th ed, p 563). In Table 17-2, Cervical Spine Regional Grid (6th ed, p 564), for the diagnosis "non-specific chronic, or chronic recurrent neck pain" there is a class 1 rating for "documented history of sprain/strain-type injury with continued complaints of axial and/or non-verifiable radicular complaints; similar findings documented on multiple occasions" (with a default impairment of 2% whole person impairment).

In Section 17.3a, Adjustment Grid: Functional History (6th ed, p 569), and Table 17-6, Functional History Adjustment: Spine (6th ed, p 575), the patient is assigned grade modifier 1; for PDQ or alternative validated functional assessment, scaled appropriately, the functional history is consistent with "mild disability; PDQ score of 0 to 70."

Class 1-Default for Diagnosis = 2% whole person impairment			
CDX	GMFH	GMPE	GMCS
1	1	n/a	n/a
Net adjustment formula:			
(GMFH - CDX)		1 - 1 = 0	
+ (GMPE - CDX)		+ n/a	
+ (GMCS - CDX)		+ n/a	
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Net adjustment: 0			

Result is class 1 adjustment 0, which results in class 1, grade C = 2% whole person impairment.

**Summary:** 2% whole person

## Intervertebral disc herniation and/or AOMSI

The evaluation of impairment due to intervertebral disc herniation and/or AOMSI is based on Section 17.2, Diagnosis-Based Impairment (6th ed, p 560), and Section 17.2a, Cervical Spine (6th ed, p 563). In Table 17-2, Cervical Spine Regional Grid (6th ed, p 564), for the diagnosis "intervertebral disc herniation and/or aomsi" there is a class 2 rating for "intervertebral disk herniation and/or AOMSI at a single level with medically documented findings; with or without surgery and with documented residual radiculopathy at the clinically appropriate level present at the time of examination" (with a default impairment of 11% whole person impairment).

In Section 17.3b, Adjustment Grid: Physical Examination (6th ed, p 572), and Table 17-7, Physical Examination Adjustment: Spine (6th ed, p 576), the patient is assigned grade modifier 2; cervical compression/foraminal compression revealed (or is consistent with) "positive cervical compression/foraminal compression (Spurling's test) with reproducible radicular pain".

Class 2-Default for Diagnosis = 11% whole person impairment			
CDX	GMFH	GMPE	GMCS
2	n/a	2	n/a
Net adjustment formula:			
	(GMFH - CDX)	n/a	
	+ (GMPE - CDX)	+ 2 - 2 = 0	
	+ (GMCS - CDX)	+ n/a	
Net adjustment: 0			

Result is class 2 adjustment 0, which results in class 2, grade C = 11% whole person impairment.

**Summary:** 11% whole person

### Non-specific chronic, or chronic recurrent low back pain

The evaluation of impairment due to non-specific chronic, or chronic recurrent low back pain is based on Section 17.2, Diagnosis-Based Impairment (6th ed, p 560), and Section 17.2c, Lumbar Spine (6th ed, p 566). In Table 17-4, Lumbar Spine Regional Grid (6th ed, p 570), for the diagnosis "non-specific chronic, or chronic recurrent low back pain" there is a class 1 rating for "documented history of sprain/strain type injury with continued complaints of axial and/or non-verifiable radicular complaints and similar findings on multiple occasions." (with a default impairment of 2% whole person impairment).

In Section 17.3a, Adjustment Grid: Functional History (6th ed, p 569), and Table 17-6, Functional History Adjustment: Spine (6th ed, p 575), the patient is assigned grade modifier 2; for activity, the functional history is consistent with "pain; symptoms with normal activity."

In Section 17.3a, Adjustment Grid: Functional History (6th ed, p 569), and Table 17-6, Functional History Adjustment: Spine (6th ed, p 575), the patient is assigned grade modifier 1; for PDQ or alternative validated functional assessment, scaled appropriately, the functional history is consistent with "mild disability; PDQ score of 0 to 70."

Class 1-Default for Diagnosis = 2% whole person impairment			
CDX	GMFH	GMPE	GMCS
1	2	n/a	n/a
Net adjustment formula:			
	(GMFH - CDX)	2 - 1 = 1	
	+ (GMPE - CDX)	+ n/a	
	+ (GMCS - CDX)	+ n/a	
Net adjustment: 1			

Result is class 1 adjustment 1, which results in class 1, grade D = 3% whole person impairment.

**Summary:** 3% whole person

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## Intervertebral disc herniation and/or AOMSI

The evaluation of impairment due to intervertebral disc herniation and/or AOMSI is based on Section 17.2, Diagnosis-Based Impairment (6th ed, p 560), and Section 17.2c, Lumbar Spine (6th ed, p 566). In Table 17-4, Lumbar Spine Regional Grid (6th ed, p 570), for the diagnosis "intervertebral disc herniation and/or aomsi" there is a class 1 rating for "intervertebral disk hernation(s) or documented AOMSI, at a single level or multiple levels with medically documented findings; with or without surgery and with documented resolved radiculopathy at clinically appropriate level(s) or nonverifiable radicular complaints at clinically appropriate level(s), present at the time of examination." (with a default impairment of 7% whole person impairment).

In Section 17.3c, Adjustment Grid: Clinical Studies (6th ed, p 577), and Table 17-9, Clinical Studies Adjustment: Spine (6th ed, p 581), the patient is assigned grade modifier 0; "imaging studies: Radiographs, bone scan, MRI".

Class 1-Default for Diagnosis = 7% whole person impairment			
CDX	GMFH	GMPE	GMCS
1	n/a	n/a	0
Net adjustment formula:			
(GMFH - CDX)		n/a	
+ (GMPE - CDX)		+ n/a	
+ (GMCS - CDX)		+ 0 - 1 = -1	
Net adjustment: -1			

Result is class 1 adjustment -1, which results in class 1, grade B = 6% whole person impairment.

**Summary:** 6% whole person

### Final impairment calculation

11% C 6% C 3% C 2% = 21% whole person

Permanent impairment of whole person: 21%