

Spinal Disorders and Social Security Disability

The Social Security Administration (SSA) states disorders of the spine are evaluated under the Musculoskeletal System—medical listing 1.04. The criteria for 1.04:

Disorders of the spine result in limitations because of distortion of the bony and ligamentous architecture of the spine and associated impingement on nerve roots (including the cauda equina) or spinal cord. Such impingement on nerve tissue may result from a herniated nucleus pulposus, spinal stenosis, spinal arachnoiditis, osteoarthritis, degenerative disc disease, facet arthritis, or vertebral fracture.

The following criteria have been established to indicate a finding of disabled:

- A. Evidence of nerve root compression characterized by neuro-anatomic distribution of pain, limitation of motion of the spine, motor loss (atrophy with associated muscle weakness or muscle weakness) accompanied by sensory or reflex loss, and, if there is involvement of the lower back, positive straight-leg raising test (sitting or supine); **OR**
- B. Spinal arachnoiditis, confirmed by an operative note or pathology report of tissue biopsy, or by appropriate medically acceptable imaging, manifested by severe burning or painful dysesthesia, resulting in the need for changes in position or posture more than once every 2 hours; **OR**
- C. Lumbar spinal stenosis resulting in pseudoclaudication, established by findings on appropriate medically acceptable imaging, manifested by chronic nonradicular pain and weakness, and resulting in inability to ambulate effectively as defined in 1.00B2b.

Inability to ambulate effectively means an extreme limitation of the ability to walk; for example, an impairment(s) that interferes very seriously with the individual's ability to independently initiate, sustain, or complete activities. Ineffective ambulation is defined generally as having insufficient lower extremity function to permit independent ambulation without the use of a handheld assistive device(s) that limits the functioning of both upper extremities. The inability to ambulate effectively must have lasted, or be expected to last, for at least 12 months.

Diagnosis and evaluation of musculoskeletal impairments should be supported, as applicable, by detailed descriptions of the joints, including ranges of motion, condition of the musculature (e.g., weakness, atrophy), sensory or reflex changes, circulatory deficits, and laboratory findings, including findings on x-ray or other appropriate medically acceptable imaging.

In addition, age, education, past relevant work experience and limitations of physical/mental condition are reviewed to determine if an individual may still qualify for disability benefits even if some or all of the criteria of the medical condition do not meet/equal an impairment listing.

Source: Social Security Administration | www.ssa.gov

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