

LISTING §1.04C – LUMBAR SPINAL STENOSIS

From: _____

Re: _____

SSN: _____

Please comment on whether your patient has the following impairment:

Disorder of the spine (e.g., herniated nucleus pulposus, spinal arachnoiditis, spinal stenosis, osteoarthritis, degenerative disc disease, facet arthritis, vertebral fracture) resulting in compromise of a nerve root (including the caudal equina) or the spinal cord. With:

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.

1. Does your patient have lumbar spinal stenosis? ☐ Yes ☐ No

If yes, has this disorder been confirmed by an appropriate imaging? ☐ Yes ☐ No

Please attach or identify the date and type of such imaging: _____

2. If yes, does this disorder result in pseudoclaudication? ☐ Yes ☐ No

3. Does your patient have chronic nonradicular pain? ☐ Yes ☐ No

If yes, please describe the location of pain: _____

4. Does your patient have any muscle weakness? ☐ Yes ☐ No

If yes, please identify the affected muscles and describe using the grading system 0 to 5:

5. Concerning your patient's ability to "ambulate effectively", is your patient able to do the following on a *sustained* basis *without companion assistance*?

A. walk a block at a reasonable pace on rough or uneven surfaces?

☐ Yes

☐ No

B. use standard public transportation including climbing into/out of a bus and tolerate the typical jostling on a bus?

☐ Yes

☐ No

C. carry out routine ambulatory activities including grocery and clothes shopping and banking?

☐ Yes

☐ No

D. climb several stairs at a reasonable pace with use of only a single hand rail?

☐ Yes

☐ No

6. Does your patient need an assistive device to ambulate?

☐ Yes

☐ No

If yes, what type of assistive device:_____

7. If the clinical findings do not match ***all*** of the findings required above, are your patient's combines impairments medically ***equivalent*** to the severity of conditions in the above listed impairment?

☐ Yes

☐ No

If yes, please explain in detail how your patient's impairments are equivalent to the impairment listed above, with reference to ***specific supporting clinical findings***.

Date: _____

Signed: _____

Print Name: _____

Address: _____
