

Marked

1. Chronic pain and with a history of continuous use of multiple drugs such as analgesics, anti-inflammatory and psychotropics.
2. Long history of failed and repeated conservative treatments.
3. Persistent radicular pains to the lower extremities and positive correlative physical findings of radiculopathy.
4. Significant gait deviation and continued use of assistive device such as a cane, spinal brace, etc.
5. Difficulties negotiating stairs and irregular terrain.
6. Back or leg pain, causing interference with standing, prolonged sitting such as driving continuously for two hours at a time.
7. Markedly limited truncal mobility.
8. Positive neurological findings such as SLR tests; reflex, sensory and motor abnormalities.
9. Neurogenic claudication.
10. Positive diagnostic tests such as X-rays, CAT Scan, MRI, EMG, NCS, and Myelogram.
11. Failed or poor response to surgical procedures such as laminectomy, spinal fusion and chemonucleolysis.
12. Poor response to chronic pain management treatment.
13. Bladder, bowel and/or sexual dysfunction.

**G. DETERMINATION OF TOTAL DISABILITY**

Include criteria and factors used for marked partial disability as listed above and add the following criteria below:

1. Use of assistive device to ambulate such as walker, crutches and/or wheelchair of more than two years duration.
2. Needs assistance to undress or disrobe and unable to get up to the examination table without assistance.
3. Needs assistance to perform the activities of daily living such as self care, personal hygiene and transportation.
4. Severe neurological deficit such as marked muscle weakness, paraplegia and paraparesis.
5. Disturbance of bladder, bowel and/or sexual function.

**H. FINAL ASSESSMENT OF LOW BACK EXAMINATION**

The Law demands to know the results of disability evaluation in more or less inflexible or absolute terms. The examining physician is confronted with factors in disability, and to satisfy the letter of the Law, an examining physician has to try to convert variables into constants. Disability evaluation is not an exact science. Despite the drawbacks, it is still possible, within the realm of medical probability, good clinical judgment and impartiality, to arrive at a just and equitable evaluation.