## Listing Form 1.04 Disorders of the Spine

Medical Provid	er:		
	Printed Name	Signature	
Patient Name:			
Patient DOB:			
Patient SS#:			
Date:			

Dear Provider: Please indicate whether your patient's condition meets the following criteria by initialing the space provided.

A disorder of the spine (such as herniated nucleus pulposus, spinal arachnoiditis, spinal stenosis, osteoarthritis, degenerative disc disease, facet arthritis, vertebral fracture) that has resulted in the compromise of a nerve root (including cauda equine) or the spinal cord <u>with one of the following</u>:

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 and supine).

OR

B. Spinal arachnoiditis, confirmed by 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. (Defined as the inability to sustain a reasonable walking pace over a sufficient distance to be able to carry out activities of daily living. Examples are: needing a walker, two canes or crutches, and being unable to use public transportation.)

Please indicate the medical evidence(s) on which you based your opinion:

X-ray	_CT scan _	MRI (with or without contrast)	Myelography	I
Radio-nuc	lear bone scan	Physical examination	_Other (describe: _	)

\*\*Claimant: You must ensure that you obtain the necessary copies of medical records, imaging studies reports, prescriptions for assistive walking devices, etc. to submit to the SSA along with this form.