

How the VA Rates Back Pain (IVDS / Lumbosacral Strain)

Regulatory Source: 38 CFR § 4.71a – Diagnostic Codes 5237, 5242, 5243

VA Source: <https://ecfr.gov>

Summary:

Back pain is rated based on range of motion, spinal curvature, and presence of incapacitating episodes or ankylosis. Imaging like MRIs can help confirm diagnoses like degenerative disc disease or herniated discs.

VA Rating Table:

Rating	Explanation
10%	Forward flexion of the thoracolumbar spine greater than 60° but not greater than 85°, or combined range of motion greater than 120° but not greater than 235°, or muscle spasm/guarding not severe enough to cause abnormal gait or spinal contour.
20%	Forward flexion greater than 30° but not greater than 60°, or combined range of motion not greater than 120°, or muscle spasm/guarding severe enough to result in abnormal gait or abnormal spinal contour.
40%	Forward flexion of the thoracolumbar spine 30° or less, or favorable ankylosis of the entire thoracolumbar spine.
50%	Unfavorable ankylosis of the entire thoracolumbar spine.
100%	Unfavorable ankylosis of the entire spine (cervical and thoracolumbar).

Required Evidence:

- Medical diagnosis (e.g., degenerative disc disease, herniated disc)
- Range of motion test results from C&P; or physical therapy
- Imaging: MRI or X-ray
- Evidence of muscle spasms, guarding, or gait issues
- Optional: ER visits or prescriptions for bed rest (for IVDS)
- Optional: Functional impact statements or missed work logs

Pro Tip:

Back pain often leads to secondary conditions like radiculopathy (leg numbness), depression, or sleep problems. File these together to increase your total rating.