

# Interventional Pain Management

## Prior Authorization Tip Sheet

*This tip sheet is intended to assist you in the prior authorization process, but it is not a substitute for the clinical guidelines for individual pain management procedures. The information below is in reference to the National Imaging Associates, Inc. (NIA)\* Standard Clinical Guidelines. Medicare LCDs and Health Plan Specific Guidelines may have different requirements for approval.*

### Initial Injection

*All initial requests should include the following documentation:*

#### ❖ History and duration of pain

- Facet Joint Injections and Sacroiliac Joint Injections require at least 3 months of pain
- Epidural steroid injections have different requirements for chronic pain ( $\geq 3$  months) vs. acute pain ( $< 3$  months)
- Spinal cord stimulators (if applicable) further require: A completed psychological assessment that documents the following:
  - o Pain is not psychogenic in origin
  - o Any Axis II disorders are being satisfactorily managed
  - o No evidence of existing or untreated addiction

#### **Example Documentation:**

- Patient complains of chronic low back pain for several years
- Patient reports new onset low back pain after heavy lifting a month ago

#### ❖ Location and character of pain

- Details regarding what aggravates the pain, where does the pain radiate, etc.
- Facet interventions require mainly axial, non-radicular pain

#### **Example Documentation:**

- Axial low back pain aggravated by bending and twisting
- Low back pain radiating to the left leg and foot

#### ❖ Exam findings

- **SIJ Injection only:** Documentation of one of the following positive provocative tests for SIJ pain is required:
  - Gaenslen's test
  - FABER (Patrick's test)
  - Pelvic distraction test
  - Pelvic compression test
  - Thigh thrust test
- Spinal Cord Stimulators (if applicable) (CRPS indication only):
  - Unilateral vasomotor changes

\*Effective 1/20/2023, National Imaging Associates, Inc. is now a subsidiary of Evolent Health. Evolent Health and its affiliates and subsidiaries collectively referred to as "Evolent."

- Changes in skin color; cyanotic, or mottled;
- Changes in skin temperature; OR
- Unilateral edema
- Unilateral sudomotor changes
  - Skin is dry, OR
  - Skin is moist
- Unilateral trophic changes
  - Skin is smooth or shiny;
  - Soft tissue atrophy;
  - Joint stiffness, with decreased passive ROM
  - Nail changes; OR
  - Hair growth changes

❖ **Pain score on a 0-10 scale or functional disability**

- Pain score of at least 6/10 **OR** functional disability
- Functional disability should include **specific** examples of limited function due to pain

**Example Documentation:**

- Pain is a 4/10 at best and 8/10 at worst
- Pain is currently rated 7/10
- Patient can no longer golf due to pain
- Patient unable to lift child due to pain

❖ **Conservative Treatment**

- All injections (except ESIs for acute pain) require at least 6 weeks of active conservative treatment within the last 6 months
- Active conservative treatment consists of physical therapy, a physician-supervised home exercise program, or chiropractic care
- Dates and duration are extremely important (actual PT/Chiro records are not required)
- Spinal cord stimulators (if applicable) require a minimum of 6 months

**Example Documentation:**

- Office visit 12/15/22: Patient completed 2 months of physical therapy in May and continues prescribed HEP
- Office visit 11/1/22: Patient attended physical therapy 6/1/2022-7/18/2022
- Patient has had weekly chiropractic visits for the last 3 months without relief

- Documentation of a medical reason the patient cannot complete conservative treatment within the last 6 months is also acceptable (inability to tolerate PT in the distant past would not be sufficient)

**Example Documentation:**

- Patient is unable to complete prescribed HEP at this time due to severe pain
- Patient attempted physical therapy 2 weeks ago but was discharged due to significant worsening pain

- Document the spinal region targeted for active conservative treatment if there are multiple pain complaints

**Example Documentation:**

- The patient reports good relief from regularly scheduled cervical injections for chronic neck pain. She is also having low back and left leg pain. She completed a 6-week course of physical therapy for the lumbar pain last month without significant relief.

❖ **Injection plan**

- Include approach and levels
- A specific plan is not an outright guideline requirement, but for certain injections, it is necessary for approval (i.e., transforaminal ESIs have a level limit, previously targeted levels for diagnostic medial branch blocks must be consistent with the planned radiofrequency ablation, etc.)

**Example Documentation:**

- Left L3-5 transforaminal ESI  
- Bilateral MBBs at L4, L5, and SA

**Repeat Injection**

*All repeat injection requests should include the following documentation\*:*

*\* In-person visit not required; Telephone note is acceptable*

❖ **Response to the previous injection**

- Include percent of pain relief **OR** specific examples of functional improvement due to injection (required percentages vary based on injection type)
- Documentation of duration of relief is also very important (required durations vary based on injection type)

**Example Documentation:**

- Patient reports 100% relief lasting for 2 days after the MBBs  
- Patient reports they were able to play in their weekly golf game for the last 3 months after the previous ESI

❖ **Updated pain score after the last injection**

- Pain should return to at least 6/10 **OR** a return of functional disability

**Example Documentation:**

- Pain is rated 7/10 today  
- The pain has returned, and patient states they can no longer play golf

❖ **Ongoing conservative treatment**

- Actively engaged in active conservative treatment since the last injection (in the same region) or medical reason the patient cannot participate

**Example Documentation:**

- Patient continues daily prescribed home exercise program since the last injection  
- Patient did HEP for a few weeks after the injection, but was unable to continue when the pain returned

❖ **Injection plan**

- “Repeat injection” is sufficient if the same approach, levels, and medication will be used
- If the first injection was not successful, it is important to specifically note what will be changed for the follow-up injection

***Example Documentation:***

*- Repeat MBBs*

*- Last TFESI performed at right L4, now targeting right L5 due to ongoing pain radiating into lateral leg and foot*

**Important Notes**

- All injections have frequency limits and yearly maximums that are dependent upon the injection type
- Radiofrequency Neurolysis requires diagnostic medial branch blocks (not therapeutic facet blocks)
- For chronic pain patients who have a lengthy injection history, it is helpful to have a section of the EMR that lists the following: injection type/levels, date performed, % relief, and duration of relief
- Submitted clinical documentation must be part of the patient’s official medical record – all notes should have the patient’s name, date of birth (or second patient identifier), and clinician signature with date