Interventional Pain Management Checklist

To expedite the process, please have the following information ready before logging on to https://www.RadMD.com or calling the Evolent* Utilization Management staff. Medical necessity determinations are based on Evolent Clinical Guidelines. Evolent Clinical Guidelines are available on RadMD.com.

Clinical information must be documented in office visit notes or other medical record documentation, such as x-ray results, diagnostic imaging or testing reports, or other physician referral documentation. Handwritten notes on cover sheets, telephone calls, or other fax pages that are not reflected in office visit notes or other objective documents will be noted as such- "handwritten note on cover sheet (telephone call, etc.) without confirmation in office visit note"- but will not constitute actionable information for clinical decision making. Please be prepared to upload or fax medical records supporting the required information on the checklist.

Initial IPM Procedure Request

- Name, office phone number, and fax number of ordering physician
- Member name, ID number and date of birth
- Requested interventional pain management procedure and CPT codes
- Name of provider office or facility where the service will be performed
- Anticipated date of service- this is required in order to calculate critical clinical timeframes
- Diagnosis, date of onset of pain/symptom location (i.e., back, neck, extremity)
- Physical exam findings related to pain generator, intensity, and any neurological deficits
- Recent imaging studies reports (if applicable)
- A completed psychological assessment (if applicable)
- Documentation of member's pain levels (on a scale of 1-10) or impact on functional abilities
- Detailed documentation of the extent, duration, and response to conservative therapy tried for six weeks within the most recent six months. (Unless medical reason is provided as to why this cannot be done and documented such reason in clinical notes.) *See exceptions below.
  - Conservative therapy includes a multimodality approach consisting of a combination of active and inactive components.
  - Inactive modalities may consist of:
    - Rest
    - Ice
    - Heat
    - Modified activities
    - Medical devices
    - Acupuncture
    - Noninvasive stimulators (e.g., TENS unit)
  - Active modalities may consist of:
    - Physical therapy

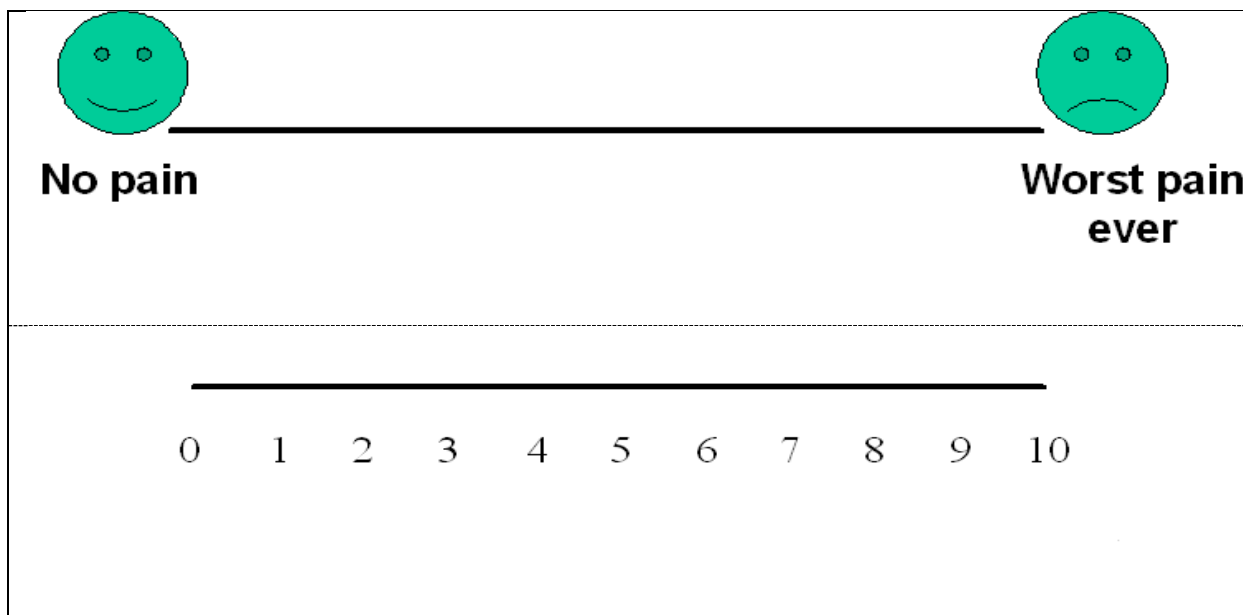** Evolent performs medical specialty services for selected procedures on behalf of HMSA*

- Physician supervised home exercise program
- Chiropractic care

*Initial Epidural steroid injection: 6 weeks conservative therapy is not a requirement for acute radicular pain (does require two weeks of any form of conservative treatment as listed in above examples provided).
*Spinal Cord Stimulator Trial (if applicable): a minimum of 6 months
*Infusion Pump requests (if applicable): a minimum of 12 weeks
*Sympathetic Nerve Blocks (if applicable): non-operative conservative therapy appropriate for the medical diagnosis

- Supporting documentation of any prior interventional pain management procedure(s) including the date of the procedure, type of injection performed, and the effectiveness in reducing pain and improving functional ability

Repeat IPM Procedure Request
- Date of the prior procedure, level and laterality of prior injection performed in the same spinal region
- Updated note (office visit note or telephone encounter) documenting the result of the previous procedure (percentage and duration of pain relief and any improvement in functional ability).
- Updated note (office visit note or telephone encounter) reflecting member's current pain (on a scale of 1-10) or ongoing functional limitations.
- Ongoing active conservative therapy measures being done in conjunction with the interventional pain procedure requested (active modalities would encompass ongoing physical therapy between injections, ongoing physician-based home exercise program or chiropractic care)
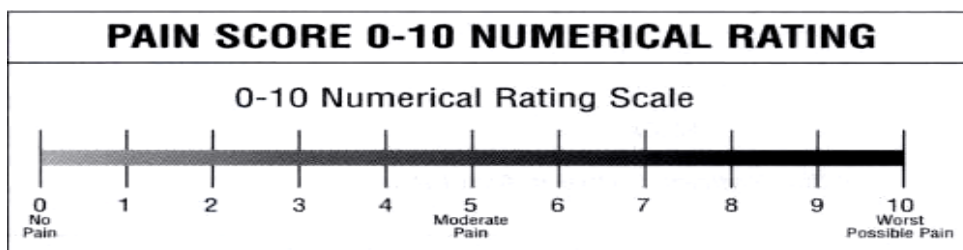
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Sample Pain Rating Scales

Visual analogue scale (VAS)

No pain — Worst pain ever

0 1 2 3 4 5 6 7 8 9 10

Numerical rating scale (NRS)

PAIN SCORE 0-10 NUMERICAL RATING

0-10 Numerical Rating Scale

0 No Pain | 1 | 2 | 3 | 4 | 5 Moderate Pain | 6 | 7 | 8 | 9 | 10 Worst Possible Pain

Faces rating scale (FRS)

Wong Baker Face Scale

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| NO HURT | | HURTS LITTLE BIT | | HURTS LITTLE MORE | | HURTS EVEN MORE | | HURTS WHOLE LOT | | HURTS WORST |