

## 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 Evolent (formerly National Imaging Associates, Inc.) 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
    - 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