

Provider Checklist- Pain Management
Checklist: Acute Pain of Lumbar Spine (Back Pain Syndrome)
(CPT codes: 62311; 77003; J3301)

All Indications (***One has to be present**)

Requires MRI or CT finding of

1. disc herniation, extrusion, protrusion
2. nerve impingement
3. vertebral fracture,

Request for epidural steroid in patient with post-herpetic neuralgia(shingles) lesions and pain affecting that dermatome

***Suspected lumbar radiculopathy (One has to be present)**

Severe unilateral weakness/mild atrophy in nerve root distribution by PE
Mild to moderate unilateral weakness (**Both have to be present**)

Weakness in nerve root distribution by PE
Conservative Rx ineffective (**One has to be present**)

-1 Continued weakness **after** Rx (**Both have to be present**)

A) NSAID (**One has to be present**)

- 1) Rx \geq 3 wks
- 2) Contraindicated/not tolerated

B) Activity modification \geq 3-4 wks

-2 Worsening weakness/motor deficit ♦

Refractory severe pain (**Both have to be present**)

Continued severe pain after Rx (**All have to be present**)

-1 NSAID (**One has to be present**)

- A) Rx \geq 3 days
- B) Contraindicated/not tolerated

-2 Opiate (**One has to be present**)

- A) Rx \geq 3 days
- B) Contraindicated/not tolerated

-3 Complete rest \geq 3 days

Mild to moderate pain (**Both have to be present**)

Unilateral pain in nerve root distribution
Conservative Rx ineffective (**One has to be present**)

-1 Continued pain **after** Rx (**Both have to be present**)

A) NSAID (**One has to be present**)

- 1) Rx \geq 3 wks
- 2) Contraindicated/not tolerated

B) Activity modification \geq 3-4 wks

-2 Worsening pain **after** Rx (**Both have to be present**)

A) NSAID [**One has to be present**]

- 1) Rx \geq 2 wks
- 2) Contraindicated/not tolerated

B) Activity modification \geq 2 wks

*Suspected cauda equina compression \blacklozenge (**One has to be present**)

Bowel incontinence
Bladder dysfunction (Both have to be present)

Sx/findings (**One has to be present**)

- 1 Frequency/hesitancy/urgency
- 2 Incontinence
- 3 Urinary retention

No other urologic cause identified

Neurogenic claudication by Hx
Severe motor deficit by PE
Diminished rectal sphincter tone by PE
Profound sensory deficit by PE
Perianal/perineal "saddle" anesthesia by PE
Bilateral radiculopathy

*Suspected nerve root compression by tumor (gadolinium contrast recommended) ♦
[Both have to be present]

Lumbar spine Sx/findings (**One has to be present**)

Pain by Hx
Bone lesion by bone scan/x-ray

Unilateral pain/weakness in nerve root distribution

*Preoperative evaluation of osteomyelitis (gadolinium contrast recommended)

*Suspected osteomyelitis/disc space infection (gadolinium contrast recommended)
(Both have to be present)

Localized lumbar spine pain by Hx
Findings (**One has to be present**)

ESR > 30 mm/hr
Temperature > 100.4 F(38.0 C)
WBC > 10,000/cu.mm(10x10⁹/L)
Blood culture positive
C-reactive protein > 10 mg/L

*Suspected lumbar spine injury with neurologic deficit at/distal to injury ♦

*Follow-up epidural abscess (gadolinium contrast recommended) (**One has to be present**)

New/worsening neurologic Sx/findings ♦ (**One has to be present**)

Muscle weakness by Hx/PE
Sensory deficit by Hx/PE
Loss of bowel/bladder control by Hx

New/worsening pain at site ♦

Periodic evaluation of response to Rx w/o new/worsening Sx/findings

***Suspected bone metastasis (gadolinium contrast recommended) (All have to be present)**

No neurologic Sx/findings

Sx/findings (**One has to be present**)

Lumbar spine pain by Hx

Lumbar spine lesion by bone scan/x-ray

Bone scan [**One has to be present**]

Negative/nondiagnostic for bone metastasis

Single positive site in lumbar spine

***Follow-up single bone metastasis after Rx (All have to be present)**

No neurologic Sx/findings

Initial lumbar spine MRI positive

Chemotherapy/radiation Rx completed

***Suspected meningocele post lumbar spine surgery (gadolinium contrast recommended)**