**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 ≥ 3 wks

2) Contraindicated/not tolerated

B) Activity modification ≥ 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 ≥ 3 days

B) Contraindicated/not tolerated

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

A) Rx ≥ 3 days

B) Contraindicated/not tolerated

-3 Complete rest ≥ 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 ≥ 3 wks

2) Contraindicated/not tolerated

B) Activity modification ≥ 3-4 wks

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

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

1) Rx ≥ 2 wks

2) Contraindicated/not tolerated

B) Activity modification ≥ 2 wks

**\***Suspected cauda equina compression ♦ (**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**0

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)