**Provider Checklist- Pain Management**

**Checklist: Acute or Chronic Cervical Spine (Neck)**

**(CPT codes: 62310; 77003; J3301)**

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

 Requires MRI or CT finding of

1. Disc herniation, extrusion, protrusion,

 Nerve impingement

2. Vertebral fracture

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

 **\***Suspected cervical 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 Soft cervical collar ≥ 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 ≥ 6 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

 **\***Myelopathy (**One has to be present**)

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

 Bowel incontinence

 Bladder dysfunction (**Both have to be present**)

 -1 Sx/findings (**One has to be present**)

 A) Frequency/hesitancy/urgency

 B) Incontinence

 C) Urinary retention

 -2 No other urologic cause identified

 Severe motor deficit by PE

 Spasticity by PE

 Profound sensory deficit by PE

 Bilateral radiculopathy

 Mild to moderate Sx/findings (**All have to be present**)

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

 -1 Pain/paresthesias/numbness in neck/shoulder/arm

 -2 Weakness in an extremity by PE

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

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

 A) Rx ≥ 3 wks

 B) Contraindicated/not tolerated

 -2 Activity modification ≥ 3-4 wks

 **\***Suspected nerve root compression by tumor (gadolinium contrast recommended) ♦ (**Both have to be present**0

 Cervical 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 cervical 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 cervical cord 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/spasticity 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

 **\***Multiple sclerosis (MS) (**One has to be present**)

 Suspected MS (**Both have to be present**)

 MRI brain planned with/before spine study

 Symptoms/clinically isolated syndrome (CIS) (**One has to be present**)

 -1 Transverse myelitis by Hx/PE (gadolinium contrast recommended)

 -2 Neurologic Sx/findings not in dermatomal/peripheral nerve distribution and other etiologies excluded (**One has to be present**)

 A) Sensory deficit

 B) Motor dysfunction

 -3 Loss of coordination

 -4 Bowel incontinence

 -5 Bladder dysfunction (**Both have to be present**)

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

 1) Frequency/hesitancy/urgency

 2) Incontinence

 3) Urinary retention

 B) No other urologic cause identified

 Known MS with new/worsening symptoms (gadolinium contrast recommended)

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

 No neurologic Sx/findings

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

 Cervical spine pain by Hx

 Cervical spine lesion by bone scan/x−ray

 Bone scan (**One has to be present**)

 Negative/nondiagnostic for bone metastasis

 Single positive site in cervical spine

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

 No neurologic Sx/findings

 Initial cervical spine MRI positive

 Chemotherapy/radiation Rx completed