**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