

Interventional Pain Management Checklist

To expedite the process, please have the following information ready before logging on to www.RadMD.com or calling the National Imaging Associates, Inc. (NIA) Utilization Management staff. Medical necessity determinations are based on NIA Clinical Guidelines. NIA Clinical Guidelines are available on www.RadMD.com.

Clinical information must be documented in office visit notes or other medical record documentation, such as x-ray results, diagnostic imaging or testing reports, or other physician referral documentation. Handwritten notes on cover sheets, telephone calls, or other fax pages that are not reflected in office visit notes or other objective documents will be noted as such- "handwritten note on cover sheet (telephone call, etc.) without confirmation in office visit note"- but will not constitute actionable information for clinical decision making. Please be prepared to upload or fax medical records supporting the required information on the checklist.

Initial IPM Procedure Request

- Name, office phone number, and fax number of ordering physician.
- Member name, ID number and date of birth.
- Requested interventional pain management procedure or CPT codes.
- Name of provider office or facility where the service will be performed.
- Anticipated date of service- this is required in order to calculate critical clinical timeframes.
- Diagnosis, date of onset of back or neck pain.
- Physical exam findings related to back/neck pain, intensity, and any neurological deficits.
- Recent imaging studies reports if applicable.
- Documentation of member's pain levels (on a scale of 1-10) or impact on functional abilities.
- Detailed documentation of the extent, duration, and response to conservative therapy tried for six weeks within the most recent six months. (*Unless medical reason is provided as to why this cannot be done.)
 - Conservative therapy should include a multimodality approach consisting of a combination of active and inactive components. Inactive components such as the following can be utilized:
 - Rest.
 - Ice.
 - Heat.
 - Modified activities.
 - Medical devices.
 - Acupuncture.
 - Stimulators.

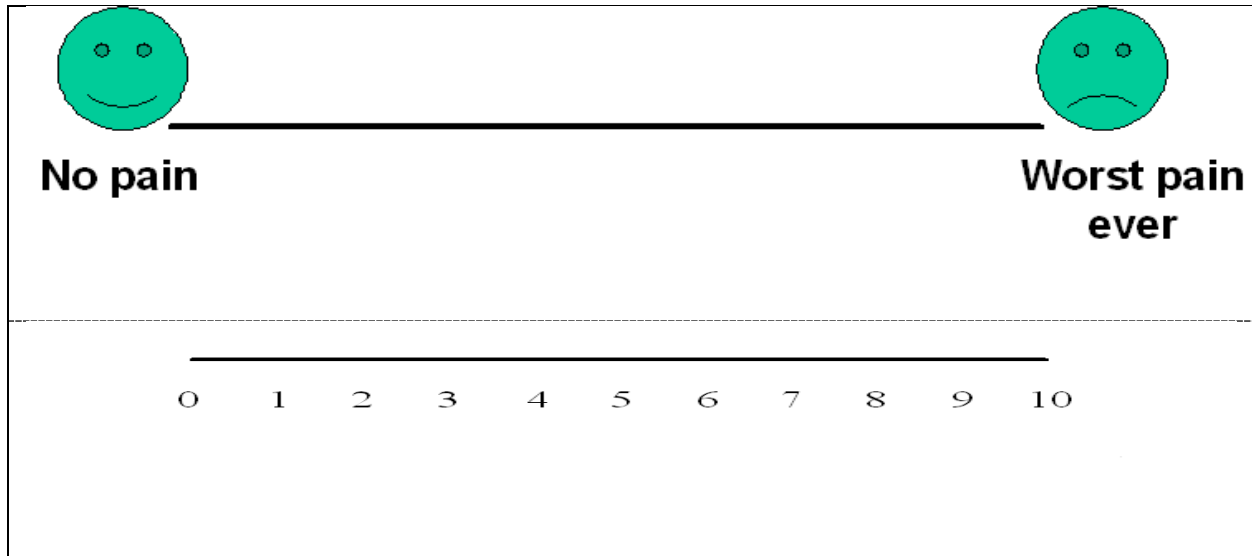
- Active modalities may consist of:
 - Physical therapy.
 - Physician supervised home exercise program.
 - Chiropractic care.
- *Epidural steroid injection: 6 weeks conservative therapy is not a requirement for acute radicular pain.
- Supporting documentation of any prior interventional pain management procedure(s) including the date of the procedure, spinal region, and the effectiveness in reducing pain and improving functional ability.

Repeat IPM Procedure Request

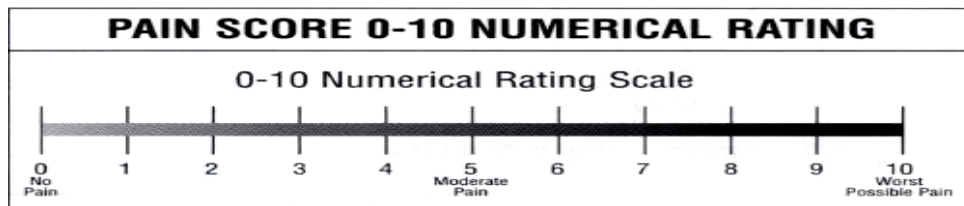
- Date of the prior procedure and spinal region treated.
- Updated note (office visit note or telephone encounter) documenting the result of the previous procedure (percentage and duration of pain relief and any improvement in functional ability).
- Updated note (office visit note or telephone encounter) reflecting member's current pain (on a scale of 1-10) or ongoing functional limitations.
- Ongoing conservative therapy measures being done in conjunction with the interventional pain procedure requested.

Sample Pain Rating Scales

Visual analogue scale (VAS)



Numerical rating scale (NRS)



Faces rating scale (FRS)

