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)

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