

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 \geq 3 wks
- 2) Contraindicated/not tolerated

B) Activity modification \geq 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 \geq 3 days
- B) Contraindicated/not tolerated

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

- A) Rx \geq 3 days
- B) Contraindicated/not tolerated

-3 Soft cervical collar \geq 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 \geq 3 wks
- 2) Contraindicated/not tolerated

B) Activity modification \geq 6 wks

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

A) NSAID (**One has to be present**)

- 1) Rx \geq 2 wks
- 2) Contraindicated/not tolerated

B) Activity modification \geq 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 \geq 3 wks
- B) Contraindicated/not tolerated

-2 Activity modification \geq 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