

Epidural Injections for Chronic Pain Management – Documentation Guidelines

- Due to the differences in Medicare Contractor requirements, providers must review and follow their specific LCD related to the frequency of epidural injections for pain management. In the event that multiple types of injections/blocks are medically necessary on the same day, documentation must clearly reflect the medical need (e.g. multiple pain generators are present in a patient on anticoagulants, requiring the anticoagulants to be stopped for the injection(s).)
- It is expected that clinicians performing these services will have appropriate training in interventional pain management and radiographic guidance. Documentation of this training must be maintained and made available upon request.
- Providers must maintain required state licensure as applicable.
- Accepted standards of medical practice (e.g., ASIP guidelines) should be followed as appropriate.

In order to support medical necessity, the following clinical information must be documented in the patient's medical record.

A. History

- Detailed clinical pain history (e.g., applicable injuries, history of pain, pain levels, co-morbid conditions, etc.)
- History of prior procedural interventions, if applicable (e.g., spinal surgeries, spinal blocks, etc.)
- For repeat injections, patient's response to prior injections with improvement in physical and functional status
- Documentation of conservative therapies (e.g. PT, chiropractic manipulation, medication management) that were tried and failed or documentation that the patient is unable to tolerate conservative therapies. (Exceptions may include acute disc herniation with disabling and debilitating pain, herpes zoster and post herpetic neuralgia, reflex sympathetic dystrophy, post operative and obstetric pain, and intractable pain secondary to carcinoma.)
- Findings of imaging studies
- **CGS (Cigna) Providers:** Documentation that the patient is a candidate for surgery, but surgery is unacceptable to the patient **or** the patient is a poor surgical risk; **and/or** the epidural injection is being performed as a therapeutic adjunct to a conservative therapy program, to provide temporary relief and in order to facilitate a more aggressive rehabilitative program

B. Physical Examination

- Level of disability (should be moderate-to-severe degree and include baseline information from which improvement from the spinal injection is based)
- Physiological and functional assessment, as necessary and feasible
- Pre-procedure evaluation with patient's subjective and objective responses regarding ability to perform painful maneuvers
- No evidence of contraindications, such as severe spinal stenosis resulting in intraspinal obstruction, infection or predominantly psychogenic pain
- Assessment of psychological factors such as any underlying psychopathology, effects of the pain on behavior and emotional stability, coping strategies, and the likelihood of compliance with potential regimens
- Indication/diagnosis including how the provider arrived at the diagnosis

C. Treatment Plan

- Details of intervention to be performed (e.g., levels, left/right, etc.) and any other pain management (e.g. PT, medication, etc.) to start or continue
- Additional imaging, if applicable
- Patient education

D. Procedure Documentation

- Brief history of the patient's pathology and responses to previous interventions, when applicable
- Diagnostic or therapeutic injection
- Site of injection with name and dosage of drug instilled (Baclofen injections should document significant spasticity, not relieved by oral medications or other modalities.)
- Documentation of radiographic guidance as required by Contractor to ensure precise placement of needle/medications injected Refer to Epidural Injection Imaging Guidance Requirements for additional details.
- When CT is used rather than fluoroscopy the medically necessary reason for the use of CT must be documented
- Post procedure evaluation (typically performed 20 to 30 minutes after procedure) with patient's subjective and objective responses regarding pain provocative maneuvers and ability to perform previously painful maneuvers
- **Palmetto and Noridian Providers:** Films that adequately document final needle position and injectate flow must be retained and made available upon request.

E. Periodic Re-evaluation - A patient who receives ongoing spinal injections should be re-evaluated periodically to ensure repeated interventions are appropriate.

- Summary of patient's history
- Review of interventions performed to date
- Review and assessment of intervention responses to date (i.e., functional improvements from baseline, decreased pain scores, etc.)
- Rationale for ongoing interventions or other pain management