



**ADMINISTRATIVE POLICY AND PROCEDURE**

<b>Policy #:</b>	<b>1416</b>	
<b>Subject:</b>	<b>Pain Management - Injections</b>	
<b>Section:</b>	<b>Care Management</b>	
<b>Initial Effective Date:</b>	<b>05/01/2016</b>	
<b>Revision Effective Date(s):</b>	<b>07/18</b>	
<b>Historical Revision Date(s):</b>	<b>05/17, 07/17</b>	
<b>Review Effective Date(s):</b>		
<b>Historical Review Date(s):</b>	<b>10/16</b>	
<b>Responsible Parties:</b>	<b>Patryce Toye, MD</b>	
<b>Responsible Department(s):</b>	<b>Case Management, Utilization Management</b>	
<b>Regulatory References:</b>		
<b>Approved:</b>		
	<b>Theresa Bittle, RN AVP Clinical Operations</b>	<b>Patryce A. Toye, MD Chief Medical Officer</b>

**Purpose:** It is the purpose of this policy to define the conditions under which MedStar Family Choice will approve pain management injections. This policy will also define the conditions under which Utilization Management Staff (Pre-certification Nurses) may authorize pain management injections (epidural, facet joint, and sacroiliac joint injections) without Medical Director review. Injections may be authorized by the Pre-certification Nurse when specified criteria are met (see next page).

**Scope:** MedStar Family Choice, MD

**Policy:** It is the policy of MedStar Family Choice to cover pain management injections for appropriate members.

**Procedure:**

A. Submission of Requests:

1. Requests for pain management injections should be submitted by the practitioner along with a completed Prior Authorization Form and the supporting clinical information including office notes, imaging, physical therapy notes, etc. in accordance with the

MedStar Family Choice Prior Authorization Policy. The clinical information will be gathered and a Referral entered by pre-certification nurses.

**B. Indications:**

1. Injections may be authorized by the Pre-certification Nurse when InterQual Criteria Procedures: Specialized Procedures Epidural Injection, Facet Joint Injection, Percutaneous neuroablation or Sacroiliac (SI) Joint Injection are met **AND** all of the following criteria are met:
  - a. No more than 1 injection is being requested. Additional injections will be authorized per InterQual criteria depending on the patient’s clinical response to his/her previous injection.
  - b. Injections are being performed to treat chronic pain (pain present for more than 3 months).
  - c. The member has received conservative treatments [ex: Physical Therapy (duration as per InterQual Guidelines for the specific procedure being requested), TENS, pain medications (as per InterQual Guidelines for the specific procedure being requested), muscle relaxers, oral steroids] for his/her chronic pain for at least 3 months.
  - d. The member continues to have pain despite conservative treatments. Supporting documentation is required. Office notes must clearly state prior treatments and results. Additionally, Physical Therapy records must be submitted.
  - e. The request is for the first injection – or – the patient has experienced pain relief with past injections (documentation in the patient record must be provided that demonstrates this element as per InterQual Guidelines for the specific procedure being requested).
  - f. The requesting practitioner specializes in Anesthesia, Pain Management, Orthopedics, or Neurosurgery.
  
2. Requests that do not meet these criteria will be forwarded to the Medical Director for review. The Medical Director will review the clinical information and take into consideration any extenuating circumstances related to each particular case and provide a decision based on his/her best clinical judgment of medical necessity.

<b>Summary of Changes:</b>	<p><b>07/18:</b></p> <ul style="list-style-type: none"> <li>• Removed DC Healthy Families and Alliance under Scope.</li> <li>• Modified Effective Date to Initial Effective Dates; added Historical Revision Dates and Revision Effective Dates; and added Historical Review Dates and Review Effective Dates.</li> </ul> <p><b>07/17:</b></p> <ul style="list-style-type: none"> <li>• Added Percutaneous neuroablation.</li> <li>• Changed Physician Advisor to Medical Director.</li> </ul> <p><b>05/17:</b></p> <ul style="list-style-type: none"> <li>• Revised to reflect only one injection at a time may be requested, insertion of <b>InterQual</b> references where appropriate, and requirement for supporting documentation strengthened and clarified.</li> </ul>
----------------------------	--

**10/16:**

- No changes.

**05/16:**

- New policy.