



## Authorization Request Form - Part 2 Epidural Steroid Injections (Outpatient Only)

Complete and fax the clinical worksheet immediately following the authorization request fax form, including any substantiating clinical documentation. Your responses enable faster processing of authorization requests and reduces the likelihood we may require you to submit additional clinical documentation to complete our review.

Please fill in each question option completely  →

<b>Patient Information</b>	First name	Last name	
	Member ID	Date of birth (MM/DD/YYYY)	

<b>Question 1</b>	<b>Which spinal region is this request for? (Required, Single Select)</b> <input type="radio"/> Cervical <input type="radio"/> Cervicothoracic (e.g C7-T1) <input type="radio"/> Thoracic <input type="radio"/> Thoracolumbar (e.g T12-L1) <input type="radio"/> Lumbar <input type="radio"/> Sacral/Caudal
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<b>Question 2</b>	<b>How many injection levels are being requested? (Optional, Single Select)</b> <input type="checkbox"/> Multi-level at adjacent levels (e.g., L34 and L45) <input type="checkbox"/> Single-level bilateral <input type="checkbox"/> Multi-level at non-adjacent levels <input type="checkbox"/> Single-level unilateral
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<b>Question 3</b>	<b>Which of the following findings were documented at the most recent encounter? (Required, Multi Select)</b> <table border="0"><tr><td><input type="checkbox"/> Neck pain radiating to arms due to imaging findings (examples of neck [cervical] spine imaging findings: central disc herniation, osteophytes, severe degenerative disc disease causing foraminal or central spinal stenosis)</td><td><input type="checkbox"/> Mid-back radiating to chest due to imaging findings (example of mid-back [thoracic] imaging findings: central disc herniation, osteophytes, severe degenerative disc disease causing foraminal or central spinal stenosis)</td></tr><tr><td><input type="checkbox"/> Lower back pain radiating to legs due to imaging findings (examples of lower back [lumbar] imaging findings: central disc herniation, osteophytes, severe degenerative disc disease causing foraminal or central spinal stenosis seen on imaging)</td><td><input type="checkbox"/> Pain from shingles (Acute Herpes Zoster)</td></tr><tr><td><input type="checkbox"/> Lower back pain with imaging that shows simple bulge or annular tear only</td><td><input type="checkbox"/> Lower back pain with pain scale greater than 3/10 and significant difficulty with activities of daily living impairment or functional loss at work</td></tr><tr><td><input type="checkbox"/> Clinical exam indicates nerve compression (examples: positive Spurling test, femoral nerve test, straight leg raise, abnormal reflexes, change in sensation with pain, numbness/tingling with pain, weakness with pain [this information can be found in most recent office note])</td><td><input type="checkbox"/> Numbness and/or weakness without pain in lower extremities during clinical exam</td></tr><tr><td><input type="checkbox"/> None of the above</td><td><input type="checkbox"/> Patient does not have pain radiating into the arms, chest or legs</td></tr></table>	<input type="checkbox"/> Neck pain radiating to arms due to imaging findings (examples of neck [cervical] spine imaging findings: central disc herniation, osteophytes, severe degenerative disc disease causing foraminal or central spinal stenosis)	<input type="checkbox"/> Mid-back radiating to chest due to imaging findings (example of mid-back [thoracic] imaging findings: central disc herniation, osteophytes, severe degenerative disc disease causing foraminal or central spinal stenosis)	<input type="checkbox"/> Lower back pain radiating to legs due to imaging findings (examples of lower back [lumbar] imaging findings: central disc herniation, osteophytes, severe degenerative disc disease causing foraminal or central spinal stenosis seen on imaging)	<input type="checkbox"/> Pain from shingles (Acute Herpes Zoster)	<input type="checkbox"/> Lower back pain with imaging that shows simple bulge or annular tear only	<input type="checkbox"/> Lower back pain with pain scale greater than 3/10 and significant difficulty with activities of daily living impairment or functional loss at work	<input type="checkbox"/> Clinical exam indicates nerve compression (examples: positive Spurling test, femoral nerve test, straight leg raise, abnormal reflexes, change in sensation with pain, numbness/tingling with pain, weakness with pain [this information can be found in most recent office note])	<input type="checkbox"/> Numbness and/or weakness without pain in lower extremities during clinical exam	<input type="checkbox"/> None of the above	<input type="checkbox"/> Patient does not have pain radiating into the arms, chest or legs
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<input type="checkbox"/> None of the above	<input type="checkbox"/> Patient does not have pain radiating into the arms, chest or legs										

<b>Question 4</b>	<b>Has the patient had spine (cervical, thoracic or lumbar) surgery in the past and been diagnosed with continued pain after surgery (post-laminectomy syndrome)? (Required, Single Select)</b> <input type="radio"/> Yes <input type="radio"/> No
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<b>Question 5</b>	<b>Has the patient been diagnosed with any of the following conditions? (Required, Multi Select)</b> <table border="0"><tr><td><input type="checkbox"/> Localized back pain with no extremity pain and a diagnosis of Complex Regional Pain Syndrome (CRPS)/Reflex Sympathetic Dystrophy (RSD) (this information can be found in the most recent office note)</td><td><input type="checkbox"/> Pain in many areas of the body (widespread diffuse pain)</td></tr><tr><td><input type="checkbox"/> Issues with bleeding or clotting (coagulopathy)</td><td><input type="checkbox"/> Pain from neuropathy from other causes (example: diabetic neuropathy)</td></tr><tr><td><input type="checkbox"/> Headaches coming from the neck (cervicogenic headaches)</td><td><input type="checkbox"/> Current use of antiplatelet/anticoagulant (Eliquis, Coumadin, Plavix etc.)</td></tr><tr><td><input type="checkbox"/> Lesions that are squeezing the spinal cord (example: spinal tumor or fracture)</td><td><input type="checkbox"/> Suspected or active localized or systemic spinal infection</td></tr><tr><td><input type="checkbox"/> Suspicion or major risk factors for cancer</td><td><input type="checkbox"/> Spinal cord injury/trauma (example: conus medullaris or cauda equina syndrome)</td></tr><tr><td></td><td><input type="checkbox"/> None of the above</td></tr></table>	<input type="checkbox"/> Localized back pain with no extremity pain and a diagnosis of Complex Regional Pain Syndrome (CRPS)/Reflex Sympathetic Dystrophy (RSD) (this information can be found in the most recent office note)	<input type="checkbox"/> Pain in many areas of the body (widespread diffuse pain)	<input type="checkbox"/> Issues with bleeding or clotting (coagulopathy)	<input type="checkbox"/> Pain from neuropathy from other causes (example: diabetic neuropathy)	<input type="checkbox"/> Headaches coming from the neck (cervicogenic headaches)	<input type="checkbox"/> Current use of antiplatelet/anticoagulant (Eliquis, Coumadin, Plavix etc.)	<input type="checkbox"/> Lesions that are squeezing the spinal cord (example: spinal tumor or fracture)	<input type="checkbox"/> Suspected or active localized or systemic spinal infection	<input type="checkbox"/> Suspicion or major risk factors for cancer	<input type="checkbox"/> Spinal cord injury/trauma (example: conus medullaris or cauda equina syndrome)		<input type="checkbox"/> None of the above
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<input type="checkbox"/> Suspicion or major risk factors for cancer	<input type="checkbox"/> Spinal cord injury/trauma (example: conus medullaris or cauda equina syndrome)												
	<input type="checkbox"/> None of the above												

<b>Question 6</b>	<b>Has the patient been diagnosed with any of the following conditions? (Required, Single Select)</b> <input type="radio"/> Yes <input type="radio"/> Not applicable; the patient is not currently taking any antiplatelet/anticoagulant medications <input type="radio"/> No
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Questions continued on following page



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**Question 7** How many weeks of failed conservative treatment has the patient had? (Required, Single Select)

Less than 4 weeks       At least 4 weeks

6 weeks or greater       This patient is unable to participate or has been unresponsive to pain due to severe pain or another medical condition

**Question 8** If this request is for a second injection at the same location, how long did the previous injection improve the patient's pain or function by at least 50%? (Required, Single Select)

Less than or equal to 2 weeks       2 months or greater

3 months or greater       The previous injection did not improve the patient's pain and function by at least 50%, but it has been more than 14 days since the previous injection, and the injection technique and patient has been reassessed

The previous injection did not improve the patient's pain or function by at least 50%       The patient had improvement of their pain and functioning for 3 months; however, it was less than 50%

Not applicable; this is the patient's first injection

**Question 9** Has the patient had 2 prior epidural steroid injections given at least 2 weeks apart that improved their pain by at least 50%? (Required, Single Select)

Yes       No

Not applicable; this is not a request for the patient's first therapeutic epidural steroid injection (i.e., third injection)

**Question 10** How many epidural steroid injection sessions (enter the whole number) in the same region of the spine (cervical, thoracic, lumbar) has the patient had in a rolling 12-month period? (The rolling 12-month period begins on the date of the first injection) (Required, write numeric value below)

**Question 11** How many lumbar epidural steroid injection sessions (enter the whole number) has the patient had in the last 6 months? (If not applicable, enter "0") (Required, write numeric value below)

**Question 12** Is this request for any of the following? (Required, Multi Select)

<input type="checkbox"/> An injection that is part of an existing treatment plan (i.e., a series of three injections regardless of response to the prior injection)	<input type="checkbox"/> An injection scheduled on the same day as another block procedure
<input type="checkbox"/> Anesthesia provided from a provider other than the physician who is performing the injection (includes moderate or deep sedation, general anesthesia or monitored anesthesia)	<input type="checkbox"/> An injection in a different anatomic region in one session
<input type="checkbox"/> A caudal or interlaminar injection at more than one nerve root level or in conjunction with a transforaminal injection	<input type="checkbox"/> Performing transforaminal epidural steroid injections (TFESIs) at more than two (2) nerve root levels during the same session
<input type="checkbox"/> Treatment with epidural steroid injections that is longer than 12 months	<input type="checkbox"/> Performing caudal epidural steroid injections (CESIs) or interlaminar epidural steroid injections (ILESIs) bilaterally
<input type="checkbox"/> Lumbar spinal stenosis in the absence of radiculopathy	<input type="checkbox"/> Epidural steroid injections via placement of an indwelling catheter for administration of a continuous or intermittent bolus
<input type="checkbox"/> None of the above	<input type="checkbox"/> An injection that includes the use of biologicals or other substances, not FDA designated for this use
	<input type="checkbox"/> An epidural injection in the spinal region that includes the use of biologicals or other substances, not FDA designated for this use