



Interventional Pain Management Checklist

To expedite the process, please have the following information ready before logging on to www.RadMD.com or calling the Magellan Healthcare¹ Utilization Management staff. Medical necessity determinations are based on Magellan Healthcare Clinical Guidelines. Magellan Healthcare Clinical Guidelines are available on www.Radmd.com.

Clinical information must be documented in office visit notes or other medical record documentation, such as x-ray results, diagnostic imaging or testing reports, or other physician referral documentation. Handwritten notes on cover sheets, telephone calls, or other fax pages that are not reflected in office visit notes or other objective documents will be noted as such- "handwritten note on cover sheet (telephone call, etc.) without confirmation in office visit note"- but will not constitute actionable information for clinical decision making. Please be prepared to upload or fax medical records supporting the required information on the checklist.

Initial IPM Procedure Request

- Name, office phone number, and fax number of ordering physician
- Member name and ID number
- Requested interventional pain management procedure
- Name of provider office or facility where the service will be performed
- Anticipated date of service- this is required in order to calculate critical clinical timeframes
- Diagnosis, date of onset of back or neck pain
- Physical exam findings related to back/neck pain, intensity, and any neurological deficits
- Recent imaging studies reports
- Documentation of patient's pain levels (on a scale of 1-10) and impact on functional abilities
- Detailed documentation of the extent, duration and response to conservative therapy tried within the most recent 3 months. Conservative therapy measures may include a combination of modalities such as:
 - Modified activities (e.g. ice, heat, rest the area, stay off injured part)
 - Medical devices
 - Medication use
 - Physician supervised home exercise program

¹ National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.

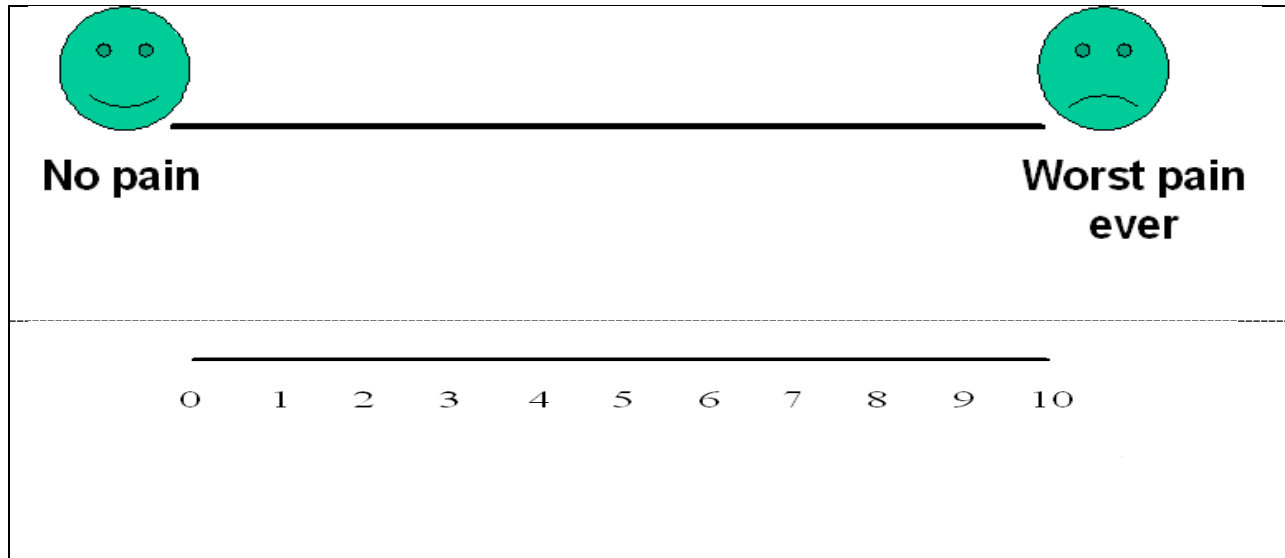
- Physical therapy, if indicated
- Supporting documentation of any prior interventional pain management procedure(s) including the date of the procedure, spinal region, and the effectiveness in reducing pain and improving functional ability

Repeat IPM Procedure Request

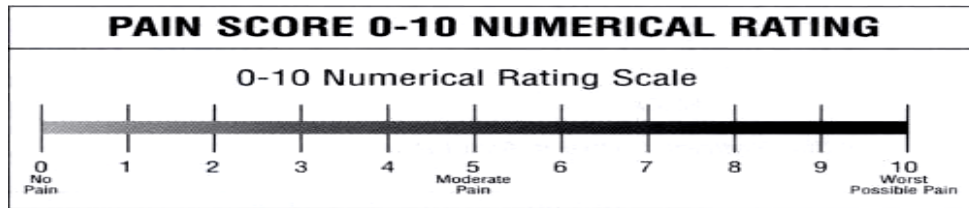
- Date of the prior procedure and spinal region treated
- Documentation of patient’s pain levels (on a scale of 1-10) and the effectiveness in reducing the patient’s pain and improving functional ability. (i.e. how much improvement and for how long)
- Office visit note and physical exam findings related to patient’s current pain, intensity, and any neurological deficits
- Conservative therapy measures being done in conjunction with the interventional pain procedure requested

Sample Pain Rating Scales

Visual analogue scale (VAS)



Numerical rating scale (NRS)



Faces rating scale (FRS)

