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Interventional Pain Clinic Referral Guidelines

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This information is designed to aid practitioners in making decisions about appropriate medical care. These guidelines should not be construed as dictating an exclusive course of treatment. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to the institutional type of practice.

E-CONSULT DISCLAIMER:

E-consults are based on the clinical data available to the reviewing provider, and are furnished without benefit of a comprehensive evaluation or physical examination. All advice and recommendations must be interpreted in light of any clinical issues, or changes in patient status, not available to the reviewing provider. The ongoing management of clinical problems addressed by the e-consult is the responsibility of the referring provider. If you have further questions or would like clarifications regarding e-consult advice, please contact the reviewing provider. If needed, the patient will be scheduled for an in-office consultation.

All URGENT consultations require provider-to-provider communication. If your patient has a medical emergency, please direct them to the closest emergency room for expedited care.

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LOW BACK PAIN

1. Background

ICD 10: M54.5

2. Pre-referral evaluation and treatment

- a. For patients with axial low back pain with or without radicular symptoms who are neurologically intact please consider:
 - i. Trial of conservative therapy including NSAIDs, muscle relaxers and or neuropathic medication
 - ii. Trial of Physical therapy
- b. Please consider referral to neurosurgery for red flag symptoms including MRI reports with evidence of fracture, neoplasia or infection, or clinical findings or progressive motor weakness or bowel/bladder incontinence.

3. Indications for referral

- a. Patient has chronic back pain (pain over 3 months)

4. Please include the following with your referral:

- a. Patient should have basic imaging (XR) within 2 years and advanced imaging, either MRI or CT L spine (if MRI is contraindicated) within 3 years of referral. Please note that we do require MRI or CT L spine for patients with axial back pain without radiculopathy to perform spine injection

LUMBAR RADICULOPATHY

1. Background

ICD 10: M54.16

2. Pre-referral evaluation and treatment

- a. For patients with axial low back pain with radicular symptoms who are neurologically intact please consider:
 - i. Trial of conservative therapy including NSAIDs, muscle relaxers and or neuropathic medication
 - ii. Trial of Physical therapy
- b. Please consider referral to neurosurgery for red flag symptoms including MRI Reports with evidence of fracture, neoplasia or infection, or clinical findings or progressive motor weakness or bowel/bladder incontinence

3. Indications for referral

- a. Patient has lumbar radiculopathy >6 weeks

4. Please include the following with your referral

- a. Patient should have basic imaging (XR) within 2 years and advanced imaging, either MRI or CT L spine (if MRI is contraindicated) within 3 years of referral. Please note that we do require MRI or CT L spine for patients with axial back due to radiculopathy to perform spine injections

CERVICAL NECK PAIN

1. Background

ICD 10: M54.2

2. Pre-referral evaluation and treatment

- a. For patients with chronic neck pain (with or without radicular symptoms) who are neurologically intact please consider:
 - i. Trial of conservative therapy including NSAIDs, muscle relaxers and or neuropathic medication
 - ii. Trial of Physical therapy
- b. Please consider referral to neurosurgery for red flag symptoms including MRI Reports with evidence of fracture, neoplasia or infection, or clinical findings or progressive motor weakness or bowel/bladder incontinence

3. Indications for referral

- a. Patient has chronic neck pain (pain over 3 months)

4. Please include the following with your referral

- a. Patient should have basic imaging (XR) within 2 years and advanced imaging, either MRI or CT C spine (if MRI is contraindicated) within 3 years of referral. Please note that we require MRI or CT C spine for patients with cervical back to perform spine injections

CERVICAL RADICULOPATHY

1. Background

ICD 10: M54.12

2. Pre-referral evaluation and treatment

- a. For patients with axial neck pain with radicular symptoms who are neurologically intact please consider:
 - i. Trial of conservative therapy including NSAIDs, muscle relaxers and or neuropathic medication
 - ii. Trial of Physical therapy
- b. Please consider referral to neurosurgery for red flag symptoms including MRI Reports with evidence of fracture, neoplasia or infection, or clinical findings or progressive motor weakness or bowel/bladder incontinence.

3. Indications for referral

- a. Patient has cervical radiculopathy >6 weeks

4. Please include the following with your referral

- a. Patient should have basic imaging (XR) within 2 years and advanced imaging either MRI or CT C spine (if MRI is contraindicated) within 3 years of referral. Please note that we do require MRI or CT C spine for patients with cervical radiculopathy to perform advanced pain procedures.

THORACIC PAIN

1. Background

ICD 10: M54.6

2. Pre-referral evaluation and treatment

- a. For patients with axial thoracic/mid back pain with or without radicular symptoms who are neurologically intact please consider:

- i. Trial of conservative therapy including NSAIDs, muscle relaxers and or neuropathic medication
 - ii. Trial of Physical therapy
- b. Please consider referral to neurosurgery for red flag symptoms including MRI Reports with evidence of fracture, neoplasia or infection, or clinical findings or progressive motor weakness or bowel/bladder incontinence.

3. Indications for referral

- a. Patient has chronic thoracic back pain (pain over 3 months)

4. Please include the following with your referral

- a. Patient should have basic imaging (XR) within 2 years and advanced imaging, either MRI or CT T spine (if MRI is contraindicated) within 3 years of referral. Please note that we do require MRI or CT T spine for patients with thoracic back pain to perform advanced pain procedures

COMPLEX REGIONAL PAIN SYNDROME

1. Background

- a. The key symptom is prolonged severe pain that may be constant. It has been described as “burning,” “pins and needles” sensation, or as if someone were squeezing the affected limb. The pain may spread to the entire arm or leg, even though the injury might have only involved a finger or toe. In rare cases, pain can sometimes even travel to the opposite extremity. There is often increased sensitivity in the affected area, known as allodynia, in which normal contact with the skin is experienced as very painful.
- b. People with CRPS also experience changes in skin temperature, skin color, or swelling of the affected limb. This is due to abnormal microcirculation caused by damage to the nerves controlling blood flow and temperature. As a result, an affected arm or leg may feel warmer or cooler compared to the opposite limb. The skin on the affected limb may change color, becoming blotchy, blue, purple, pale, or red.
- c. Other common features of CRPS include:
 - i. Changes in skin texture on the affected area; it may appear shiny and thin
 - ii. Abnormal sweating pattern in the affected area or surrounding areas
 - iii. Changes in nail and hair growth patterns
 - iv. Stiffness in affected joints
 - v. Problems coordinating muscle movement, with decreased ability to move the affected body part

- vi. Abnormal movement in the affected limb, most often fixed abnormal posture (called dystonia) but also tremors in or jerking of the limb.

2. Pre-referral evaluation and treatment

- a. None

3. Indications for referral

- a. Interventional pain clinic might consider lumbar sympathetic nerve blocks for lower extremity CRPS and stellate ganglion blocks for upper extremity CRPS.

4. Please include the following with your referral

- a. None

POST HERPETIC NEURALGIA

1. Background

- a. ICD-10: B02.29
- b. Post-herpetic neuralgia develops when pain from the acute phase is unrelenting and persists beyond resolution of the rash. Patients characteristically describe their pain as a constant burning, throbbing or aching, with intermittent shooting or stabbing sensations. Itching and numbness in the scars often accompanies the pain. Over 90 per cent of patients experience allodynia.

2. Pre-referral evaluation and treatment

- a. None

3. Indications for referral

- a. Refer patient after resolution of acute phase including resolution of the active lesions.
- b. Patients with post herpetic neuralgia may be offered pain blocks depending on location of the symptoms.

4. Please include the following with your referral

- a. None

POSTEROLATERAL INTERCOSTAL PAIN

1. Background

- a. Chronic intercostal pain could be due to variety of conditions especially post thoracic surgery pain, post herpetic neuralgia, etc.

2. Pre-referral evaluation and treatment

- a. None

3. Indications for referral

- a. Refer patients for possible intercostal nerve block for intercostal pain over 6 weeks

4. Please include the following with your referral

- a. None