

CHECKLIST FOR EPIDURAL STEROID INJECTION (ESI)

This checklist is a guide for noting specific symptoms when epidural steroid injections (ESIs) are considered as a treatment option. It is intended to assist those entering prior authorization requests. Use of this checklist is optional. It is being offered as a one-time guide and will not be further updated or maintained as it does NOT replace medical documentation nor the medical policy for ESI. Refer to the Dean Health Plan Medical Management web page at deancare.com/providers/medical-management for current medical policies.

Please select if the patient has any of the following:

- Prior injection for the same condition with at least a three (3) month duration of pain relief
- Pain as a result of Herpes Zoster
- Significant functional loss at work or home with at least moderate pain
- Severe pain unresponsive to outpatient medical management
- Intolerance to non-surgical, non-injection care due to co-existing medical condition(s)

Radicular Pain as indicated by:

- Cervical radicular pain
- Lumbar radicular pain

Neurogenic (or Pseudo) Claudication secondary to moderate or severe Spinal Stenosis as indicated by:

- Arm or leg pain
- Sensory loss
- Arm or leg weakness exacerbated with activity, and relieved with rest

Chronic Radicular Pain as indicated by:

- Diminished or absent deep tendon reflexes
- Paresthesia, numbness, sensory change, or weakness in dermatomal distribution
- Positive femoral nerve stretch test
- Positive Spurling test
- Positive straight leg raising test

If patient has had previous ESI:

- Intolerance to non-surgical, non-injection care due to co-existing medical condition(s)
- At least three (3) weeks since the previous injection to permit a reasonable time period to evaluate the effectiveness
- A significant improvement in pain of a least 50 percent from a previous ESI (documented in the medical record)
- Prior injection for the same condition with at least a three (3) month duration of pain relief