LNI Spinal Injections – Therapeutic Epidural Injection Questionnaire
CPT Codes: 62310, 62311, 62318, 62319, 64479, 64480, 64483, 64484, 0228T, 0229T, 0230T, 0231T

1. INSTRUCTIONAL NOTE: Spinal Injections UR program applies ONLY to STATE FUND WORKERS’ compensation claims. For authorization of services pertaining to Self-Insured claims, please contact the injured worker’s employer or the third party administrator.

2. (Mandatory) DISCLAIMER: This is a guideline-based review that will result in a RECOMMENDATION ONLY. L&I must make the final determination of payment based on legal claim validity. Approval should occur within 24-48 hours.

   □ Acknowledge

3. NOTE: MRI is not a prerequisite for performance of Epidural Spinal Injection (ESI).

4. INSTRUCTIONAL NOTE: NO MORE THAN TWO (2) LEVELS & ONE SIDE ALLOWED PER DATE OF SERVICE.

5. (Mandatory) Indicate if Epidural Steroid Injection or Selective Nerve Root Block
   □ Epidural Spinal Injection
   □ Selective Nerve Root Block

6. (Mandatory) Indication for the Epidural Spinal Injection or Selective Nerve Root Block
   □ Therapeutic
   □ Diagnostic

7. (Mandatory) Side of Body: (Select ONE)
   □ Interlaminar
   □ Left
   □ Right
   □ Caudal

8. (Mandatory) Select injection: INSTRUCTIONAL NOTE: 3rd injection may require submission of medical records. 4th injection - submit medical records. (Select ONE)
   □ 1st injection: (see 9-16 only)
   □ 2nd injection: (see 9-20)
   □ 3rd injection: Complete entire questionnaire.
   □ 4th injection: Do NOT complete
9. **(Mandatory)** Epidural Spinal Injection(s) to be done on the following levels: (Select up to two)

- [ ] C2  
- [ ] C3  
- [ ] C4  
- [ ] C5  
- [ ] C6  
- [ ] C7  
- [ ] T1  
- [ ] T2  
- [ ] T3  
- [ ] T4  
- [ ] T5  
- [ ] T6  
- [ ] T7  
- [ ] T8  
- [ ] T9  
- [ ] T10  
- [ ] T11  
- [ ] T12  
- [ ] L1  
- [ ] L2  
- [ ] L3  
- [ ] L4  
- [ ] L5  
- [ ] S1

10. **(Mandatory)** Please indicate which imaging guidance will be used. (Select ONE).

   INSTRUCTIONAL NOTE: REFER TO STATE FUND WORKERS’ COMPENSATION FOR PAYMENT POLICY. [www.lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2012/MARFS/Chapter16/default.asp](http://www.lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2012/MARFS/Chapter16/default.asp)

   - [ ] CT guidance (See NOTE above)
   - [ ] Fluoroscopic guidance
   - [ ] Ultrasound guidance
   - [ ] None of the above

11. Has patient had conservative care?

   - [ ] Yes
   - [ ] No

12. How many weeks of conservative care has the patient had? (Select ONE)

   - [ ] Less than 2 weeks
   - [ ] 2 – 5 weeks
   - [ ] 6 or more weeks

13. Please indicate therapies used: (Select all that apply)

   - [ ] Chiro/Massage
   - [ ] Home exercise
   - [ ] Narcotic therapy
   - [ ] NSAIDs
   - [ ] Steroids
   - [ ] Structured PT

14. Is there a PHYSICAL EXAM documenting any of the following? **[NOTE: Patient complaint/report NOT adequate]** (Select ONE)

   - [ ] Normal exam
   - [ ] Dermatomal sensory loss
   - [ ] Motor weakness
   - [ ] Reflex asymmetry or loss
15. Has the patient had a diagnostic selective nerve root block?
   ☐ Yes (see 16)
   ☐ No

16. How was the selective nerve root block performed? (Select all that apply)
   ☐ Low-volume
   ☐ Post-block patient generated pain diary
   ☐ Single level
   ☐ Steroid-free

17. (Mandatory) Have prior injection(s) been given at the same level & side as this request?
   NOTE: 2 or more prior injections may require submission of medical records. 4th injection requires medical records. (Select ONE)
   ☐ No prior injections
   ☐ Only one prior injection
   ☐ 2 prior injections
   ☐ 3 or more prior injections (see NOTE)

18. Please enter dates for ANY prior injections for same level & side as this request.
   (Date format: mm/dd/yyyy) ___________ ___________ ___________ ___________

19. How much improvement in function & pain was realized after the injection? (Select ONE)
   ☐ None
   ☐ Less than 30%
   ☐ Greater than 30%

20. How was the percentage of improvement determined? (Select all that apply)
   ☐ Documented decrease in use of pain medications
   ☐ Documented improvement in findings on physical examination
   ☐ Documented increased activity
   ☐ Patient generated pain diary
   ☐ Verbal report from patient