

5221.6200 LOW BACK PAIN.

Subp. 1. Diagnostic procedures for treatment of low back injury. A health care provider shall determine the nature of the condition before initiating treatment.

[For text of items A to G, see Minnesota Rules]

H. Diagnostic analgesic blocks or injections are used to localize the source of pain before surgery and to diagnose conditions which fail to respond to initial nonsurgical management. These blocks and injections are subject to the parameters of subpart 5.

[For text of items I and J, see Minnesota Rules]

[For text of subparts 2 to 4, see Minnesota Rules]

Subp. 5. Injection modalities. Injection modalities are indicated as set forth in items A to C. These diagnostic and therapeutic injections are invasive and when done as diagnostic procedures only, are not indicated unless noninvasive procedures have failed to establish the diagnosis. Selection of patients, choice of procedure, and localization of the level of injection should be determined by documented clinical findings indicating possible pathologic conditions and the source of pain symptoms. Use of injections can extend past the 12-week limit on passive treatment modalities so long as the maximum treatment for injections is not exceeded. Use of therapeutic injections beyond 12 months must be in accordance with subpart 7.

A. Therapeutic injections, including injections of trigger points, facet joints, sacroiliac joints, sympathetic nerves, epidurals, and peripheral nerves. Therapeutic injections can only be given in conjunction with active treatment modalities directed to the same anatomical site.

(1) Trigger point injections:

(a) time for treatment response, within 30 minutes;

(b) maximum treatment frequency, no more than four injection sites per patient visit. Subsequent injections may occur once per week if a positive response to the first injection at that site. If subsequent injections at that site fail to demonstrate progressive improvement as specified in subpart 9, trigger point injections should be redirected to other areas or discontinued; and

(c) maximum treatment, four injections visits in any 12-month period.

(2) Sacroiliac joint injections:

(a) time for treatment response, within one week;

(b) maximum treatment frequency, no more than two injections per patient visit. Subsequent injections may occur once every three months if a positive response to the first injection. If subsequent injections fail to demonstrate progressive

improvement as specified in subpart 9, injections should be discontinued at that joint; and

(c) maximum treatment, four injection visits in any 12-month period.

(3) Intra-articular facet joint injections, may be considered for patients with persistent symptoms that have not responded to six weeks of initial nonsurgical treatment as described in subpart 2, item B, subitem (1):

(a) time for treatment response, within two weeks;

(b) maximum treatment frequency, no more than three joint levels may be injected, either unilaterally or bilaterally, per patient visit. Subsequent injections may occur once every three months if a positive response to the first injection. If subsequent injections fail to demonstrate progressive improvement as specified in subpart 9, injections should be discontinued at that facet joint; and

(c) maximum treatment, three injection visits in any 12-month period.

(4) Radiofrequency denervation injections of the facet joints, may be considered after a positive response to a set of two diagnostic medial branch blocks as described in item B, subitem (1):

(a) time for treatment response, within three weeks;

(b) maximum treatment frequency, no more than two facet joint levels, or three medial branch nerves, may be injected, either unilaterally or bilaterally, per patient visit. Subsequent injections may occur six months after the previous injection if a positive response to the previous injection. Before a repeat injection occurs, an additional confirmatory medial branch block must be performed, as specified in item B, subitem (1), if the patient's pain presents differently than in the initial evaluation; and

(c) maximum treatment, two injection visits in any 12-month period.

(5) Epidural injections:

(a) time for treatment response, within two weeks;

(b) maximum treatment frequency, no more than one level may be injected, either unilaterally or bilaterally, per patient visit. Subsequent injections may occur once every two weeks if a positive response to the first injection. If subsequent injections fail to demonstrate progressive improvement as specified in subpart 9, injections should be discontinued at that level; and

(c) maximum treatment, four injection visits in any 12-month period.

B. Diagnostic-only injections, including medial branch blocks and nerve root blocks. These injections may only be done as a diagnostic procedure and must not be used as an ongoing therapeutic modality.

(1) Medial branch blocks, may be considered for patients with persistent symptoms that have not responded to six weeks of initial nonsurgical treatment as described in subpart 2, item B, subitem (1). These injections may be used to assess if a particular facet joint is the cause of symptoms and if the patient would benefit from other treatment modalities:

(a) time for treatment response, immediately or within one day;

(b) maximum treatment frequency, no more than two facet joint levels, or three medial branch nerves, either unilaterally or bilaterally, may be injected per patient visit. A confirmatory second injection to the same medial branch nerve may occur no sooner than one week after the initial injection if there is a positive response to the first injection; and

(c) maximum treatment, no more than two injections to any single medial branch nerve.

(2) Nerve root blocks, may be used to assess if a particular nerve root is the cause of symptoms and if the patient would benefit from other treatment modalities:

(a) time for treatment response, immediately or within one day;

(b) maximum treatment frequency, no more than one nerve root may be injected per patient visit; and

(c) maximum treatment, no more than one injection to any single nerve root. Subsequent injections must be to an alternative nerve root.

C. Prolotherapy and botulinum toxin injections are not indicated in the treatment of low back problems and are not reimbursable.