1 5221.6200 LOW BACK PAIN.

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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 studies include facet joint injection, facet nerve injection, epidural differential spinal block, nerve block, and nerve root block. (1) These procedures are used to localize the source of pain before surgery and to diagnose conditions which fail to respond to initial nonsurgical management. (2) These injections are invasive and when done as diagnostic procedures only, are not indicated unless noninvasive procedures have failed to establish the diagnosis. (3) 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. (4) These blocks and injections can also be used as therapeutic modalities and as such 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. Therapeutic injections 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, subject to the limitations on maximum treatment for therapeutic injections as described in item A, subitem (6). A. Therapeutic injections, including injections of include trigger points injections, facet joints injections, facet nerves, sacroiliac joints injections, sympathetic nerves, radiofrequency denervation, and epidurals, nerve roots, 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 to any one site if a positive

34	response to the first injection at that site. If subsequent injections at that site fail to
35	demonstrate progressive improvement as specified in subpart 9, diminishing
36	control of symptoms or fail to facilitate objective functional gains, then trigger
37	point injections should be redirected to other areas or discontinued. No more than
38	three injections to different sites are reimbursable per patient visit; and
39	(c) maximum treatment, four injections to any one site visits in any 12-month
40	<u>period</u> .
41	(2) Sacroiliac joint injections:
42	(a) time for treatment response, within one week;
43	(b) maximum treatment frequency, <u>no more than two injections per patient visit.</u>
44	Subsequent injections may occur once every three months can repeat injection
45	two weeks after the previous injection if a positive response to the first injection.
46	If subsequent injections fail to demonstrate progressive improvement as specified
47	in subpart 9, injections should be discontinued at that joint Only two injections ar
48	reimbursable per patient visit; and
49	(c) maximum treatment, two injections to any one site four injection visits in any
50	12-month period.
51	(3) Facet Intra-articular facet joint or nerve injections, may be considered for patients
52	with persistent symptoms that have not responded to six weeks of initial nonsurgical
53	treatment as described in subpart 2, item B, subitem (1):
54	(a) time for treatment response, within one two weeks;
55	(b) maximum treatment frequency, no more than three joint levels may be
56	injected, either unilaterally or bilaterally, per patient visit. Subsequent injections
57	may occur once every two weeks to any one site three months if a positive
58	response to the first injection. If subsequent injections <u>fail to</u> demonstrate
59	progressive improvement as specified in subpart 9, diminishing control of
60	symptoms or fail to facilitate objective functional gains, then injections should be
61	discontinued at that facet joint. No more than three injections to different sites are
62	reimbursable per patient visit; and
63	(c) maximum treatment, three injections to any one site visits in any 12-month
64	period.
65	(4) Nerve root blocks:
66	(a) time for treatment response, within one week;

67	(b) maximum treatment frequency, can repeat injection two weeks after the
68	previous injection if a positive response to the first injection. Only three injections
69	to different sites are reimbursable per patient visit; and
70	(c) maximum treatment, two injections to any one site.
71	Radiofrequency denervation injections of the facet joints, may be considered after a
72	positive response to a set of two diagnostic medial branch blocks as described in item
73	<u>B, subitem (1):</u>
74	(a) time for treatment response, within three weeks;
75	(b) maximum treatment frequency, no more than two facet joint levels, or three
76	medial branch nerves, may be injected, either unilaterally or bilaterally, per
77	patient visit. Subsequent injections may occur six months after the previous
78	injection if a positive response to the previous injection. Before a repeat injection
79	occurs, an additional confirmatory medial branch block must be performed, as
80	specified in item B, subitem (1), if the patient's pain presents differently than in
81	the initial evaluation; and
82	(c) maximum treatment, two injection visits in any 12-month period.
83	(5) Epidural injections:
84	(a) time for treatment response, within one two weeks;
85	(b) maximum treatment frequency, no more than one level may be injected, either
86	unilaterally or bilaterally, per patient visit. Subsequent injections may occur once
87	every two weeks if a positive response to the first injection. If subsequent
88	injections fail to demonstrate progressive improvement as specified in subpart 9,
89	diminishing control of symptoms or fail to facilitate objective functional gains,
90	then injections should be discontinued at that level. Only one injection is
91	reimbursable per patient visit; and
92	(c) maximum treatment, three four injections visits in any 12-month period.
93	(6) Limitations on maximum treatment:
94	(a) use of therapeutic injections must not delay the required surgical or chronic
95	pain evaluation required by this chapter; and
96	(b) use of therapeutic injections must be discontinued after the initial nonsurgical
97	treatment and surgical evaluation phases are completed, except:
98	(i) for episodic care to treat a clinical flare-up after reaching maximum
99	medical improvement;

100	(ii) for chronic management in accordance with part 5221.6600; or
101	(iii) as set forth in part 5221.6050, subpart 8.
102	B. Permanent lytic or sclerosing injections, including radio frequency denervation of the facet
103	joints. These injections can only be given in conjunction with active treatment modalities
104	directed to the same anatomical site:
105	(1) time for treatment response, within one week;
106	(2) maximum treatment frequency, may repeat once for any; and
107	(3) maximum duration, two injections to any one site.
108	Diagnostic-only injections include medial branch blocks and nerve root blocks. These injections
109	may only be done as a diagnostic procedure and must not be used as an ongoing therapeutic
110	modality.
111	(1) Medial branch blocks, may be considered for patients with persistent symptoms that
112	have not responded to six weeks of initial nonsurgical treatment as described in subpart 2,
113	item B, subitem (1). These injections may be used to assess if a particular facet joint is
114	the cause of symptoms and if the patient would benefit from other treatment modalities:
115	(a) time for treatment response, immediately or within one day;
116	(b) maximum treatment frequency, no more than two facet joint levels, or three
117	medial branch nerves, either unilaterally or bilaterally, may be injected per patient
118	visit. A confirmatory second injection to the same medial branch nerve may occur
119	no sooner than one week after the initial injection if there is a positive response to
120	the first injection; and
121	(c) maximum treatment, no more than two injections to any single medial branch
122	nerve.
123	(2) Nerve root blocks, may be used to assess if a particular nerve root is the cause of
124	symptoms and if the patient would benefit from other treatment modalities:
125	(a) time for treatment response, immediately or within one day;
126	(b) maximum treatment frequency, no more than one nerve root may be injected
127	per patient visit; and
128	(c) maximum treatment, no more than one injection to any single nerve root.
129	Subsequent injections must be to an alternative nerve root.
130	C. Prolotherapy and botulinum toxin injections are not indicated in the treatment of low back
131	problems and are not reimbursable.

132	[For text of subparts 6 to 13, see Minnesota Rules]
133	5221.6205 NECK PAIN.
134 135	Subpart 1. Diagnostic procedures for treatment of neck injury. A health care provider shall determine the nature of the condition before initiating treatment.
136	[For text of items A to G, see Minnesota Rules]
137 138	H. Diagnostic analgesic blocks or injections studies include facet joint injection, facet nerve block, epidural differential spinal block, nerve block, and nerve root block.
139 140	(1) These procedures are used to localize the source of pain prior to surgery and to diagnose conditions which fail to respond to initial nonsurgical management.
141 142 143	(2) These blocks and injections are invasive and when done as diagnostic procedures only, are not indicated unless noninvasive procedures have failed to establish the diagnosis.
144 145 146	(3) 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.
147 148	(4) These blocks and injections can also be used as therapeutic modalities and as such are subject to the parameters of subpart 5.
149	[For text of items I and J, see Minnesota Rules]
150	[For text of subparts 2 to 4, see Minnesota Rules]
151 152 153 154 155 156 157	Subp. 5. Therapeutic injections 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 may extend past the 12-week limit on passive treatment modalities, so long as the maximum treatment for injections is not exceeded, subject to the limitations on maximum treatment for therapeutic injections as described in item A, subitem (5).
159 160 161 162 163	A. Therapeutic injections include trigger points injections, facet joint injections, facet nerve blocks, sympathetic nerve blocks, radiofrequency denervation, and epidurals, nerve root blocks, and peripheral nerve blocks. Therapeutic injections can only be given in conjunction with active treatment modalities directed to the same anatomical site.
164	(1) Trigger point injections:
165	(a) time for treatment response, within 30 minutes;

166	(b) maximum treatment frequency, no more than four injection sites per patient
167	visit. Subsequent injections may occur once per week if a positive response to the
168	first injection at that site. If subsequent injections at that site fail to demonstrate
169	progressive improvement as specified in subpart 9, diminishing control of
170	symptoms or fail to facilitate objective functional gains, then trigger point
171	injections should be redirected to other areas or discontinued. Only three
172	injections are reimbursable per patient visit; and
173	(c) maximum treatment, four injections to any one site visits in any 12-month
174	<u>period</u> .
175	(2) Facet Intra-articular facet joint injections or facet nerve blocks, may be considered for
176	patients with persistent symptoms that have not responded to six weeks of initial
177	nonsurgical treatment as described in subpart 2, item B, subitem (1):
178	(a) time for treatment response, within one two weeks;
179	(b) maximum treatment frequency, no more than three joint levels may be
180	injected, either unilaterally or bilaterally, per patient visit. Subsequent injections
181	may occur once every two weeks three months if a positive response to the first
182	injection or block. If subsequent injections or blocks fail to demonstrate
183	progressive improvement as specified in subpart 9, diminishing control of
184	symptoms or fail to facilitate objective functional gains, then injections or blocks
185	should be discontinued at that facet joint. Only three injections or blocks are
186	reimbursable per patient visit; and
187	(c) maximum treatment, three injections or blocks to any one site visits in any 12-
188	month period.
189	(3) Nerve root blocks:
190	(a) time for treatment response, within one week;
191	(b) maximum treatment frequency, can repeat injection no sooner than two weeks
192	after the previous injection if a positive response to the first injection. No more
193	than three blocks are reimbursable per patient visit; and
194	(c) maximum treatment, two blocks to any one site.
195	Radiofrequency denervation injections of the facet joints, may be considered after a
196	positive response to a set of two diagnostic medial branch blocks as described in item
197	B, subitem (1):
198	(a) time for treatment response, within three weeks;

199	(b) maximum treatment frequency, no more than two facet joint levels, or three
200	medial branch nerves, may be injected, either unilaterally or bilaterally, per
201	patient visit. Subsequent injections may occur six months after the previous
202	injection if a positive response to the previous injection. Before a repeat injection
203	occurs, an additional confirmatory medial branch block must be performed, as
204	specified in item B, subitem (1), if the patient's pain presents differently than in
205	the initial evaluation; and
206	(c) maximum treatment, two injection visits in any 12-month period.
207	(4) Epidural injections:
208	(a) time for treatment response, within one-two weeks;
209	(b) maximum treatment frequency, no more than one level may be injected, either
210	unilaterally or bilaterally, per patient visit. Subsequent injections may occur once
211	every two weeks if a positive response to the first injection. If subsequent
212	injections <u>fail to</u> demonstrate <u>progressive improvement as specified in subpart 9</u> ,
213	diminishing control of symptoms or fail to facilitate objective functional gains,
214	then injections should be discontinued at that level. Only one injection is
215	reimbursable per patient visit; and
216	(c) maximum treatment, three four injections visits in any 12-month period.
217	(5) Limitations on maximum treatment:
218	(a) use of therapeutic injections must not delay the required surgical or chronic
219	pain evaluation required by this chapter; and
220	(b) use of therapeutic injections must be discontinued after the initial nonsurgical
221	treatment and surgical evaluation phases are completed, except:
222	(i) for episodic care to treat a clinical flare-up after reaching maximum
223	medical improvement;
224	(ii) for chronic management in accordance with part 5221.6600; or
225	(iii) as set forth in part 5221.6050, subpart 8.
226	B. Permanent lytic or sclerosing injections, including radio frequency denervation of the facet
227	joints. These injections can only be given in conjunction with active treatment modalities
228	directed to the same anatomical site:
229	(1) time for treatment response, within one week;
230	(2) maximum treatment frequency, may repeat once for any site; and

231	(3) maximum duration, two injections to any one site.
232	Diagnostic-only injections include medial branch blocks and nerve root blocks. These injections
233	may only be done as a diagnostic procedure and must not be used as an ongoing therapeutic
234	modality.
235	(1) Medial branch blocks, may be considered for patients with persistent symptoms that
236	have not responded to six weeks of initial nonsurgical treatment as described in subpart 2
237	item B, subitem (1). These injections may be used to assess if a particular facet joint is
238	the cause of symptoms and if the patient would benefit from other treatment modalities:
239	(a) time for treatment response, immediately or within one day;
240	(b) maximum treatment frequency, no more than two facet joint levels, or three
241	medial branch nerves, either unilaterally or bilaterally, may be injected per patient
242	visit. A confirmatory second injection to the same medial branch nerve may occur
243	no sooner than one week after the initial injection if there is a positive response to
244	the first injection; and
245	(c) maximum treatment, no more than two injections to any single medial branch
246	nerve.
247	(2) Nerve root blocks, may be used to assess if a particular nerve root is the cause of
248	symptoms and if the patient would benefit from other treatment modalities:
249	(a) time for treatment response, immediately or within one day;
250	(b) maximum treatment frequency, no more than one nerve root may be injected
251	per patient visit; and
252	(c) maximum treatment, no more than one injection to any single nerve root.
253	Subsequent injections must be to an alternative nerve root.
254	C. Prolotherapy and botulinum toxin injections are not indicated in the treatment of neck
255	problems and are not reimbursable.
256	[For text of subparts 6 to 14, see Minnesota Rules]
257	5221.6210 THORACIC BACK PAIN.
258	Subpart 1. Diagnostic procedures for treatment of thoracic back injury. A health care provider shall
259	determine the nature of the condition before initiating treatment.
260	[For text of items A to G, see Minnesota Rules]
261	H. Diagnostic analgesic blocks or injections studies include facet joint injection, facet nerve
262	block, epidural differential spinal block, nerve block, and nerve root block.

263	(1) These procedures are used to localize the source of pain prior to surgery and to
264	diagnose conditions which fail to respond to initial nonoperative care.
265	(2) These blocks and injections are invasive and when done as diagnostic procedures only
266	are not indicated unless noninvasive procedures have failed to establish the diagnosis.
267	(3) Selection of patients, choice of procedure, and localization of the level of injection
268	should be determined by documented clinical findings indicating possible pathologic
269	conditions and the source of pain symptoms.
270	(4) These blocks and injections can also be used as therapeutic modalities and as such are
271	subject to the guidelines parameters of subpart 5.
272	[For text of items I and J, see Minnesota Rules]
273	[For text of subparts 2 to 4, see Minnesota Rules]
274	Subp. 5. Therapeutic injections Injection modalities. Injection modalities are indicated as set forth in
275	items A to C. These diagnostic and therapeutic injections are invasive and when done as diagnostic
276	procedures only, are not indicated unless noninvasive procedures have failed to establish the diagnosis.
277	Selection of patients, choice of procedure, and localization of the level of injection should be determined
278	by documented clinical findings indicating possible pathologic conditions and the source of pain
279	symptoms. Use of injections may extend past the 12-week limit on passive treatment modalities, so long
280	as the maximum treatment for injections is not exceeded, subject to the limitations on maximum
281	treatment for therapeutic injections as described in item A, subitem (5).
282	A. Therapeutic injections include trigger points injections, facet joint injections, facet nerve
283	blocks, sympathetic nerve blocks, radiofrequency denervation, and epidurals, nerve root blocks,
284	and peripheral nerve blocks. Therapeutic injections can only be given in conjunction with active
285	treatment modalities directed to the same anatomical site.
286	(1) Trigger point injections:
287	(a) time for treatment response, within 30 minutes;
288	(b) maximum treatment frequency, no more than four injection sites per patient
289	visit. Subsequent injections may occur once per week if a positive response to the
290	first injection at that site. If subsequent injections at that site fail to demonstrate
291	progressive improvement as specified in subpart 9, diminishing control of
292	symptoms or fail to facilitate objective functional gains, then trigger point
293	injections should be redirected to other areas or discontinued. No more than three
294	injections are reimbursable per patient visit; and
295	(c) maximum treatment, four injections to any one site visits in any 12-month
296	period.

297	(2) Facet Intra-articular facet joint injections or facet nerve blocks, may be considered for
298	patients with persistent symptoms that have not responded to six weeks of initial
299	nonsurgical treatment as described in subpart 2, item B, subitem (1):
300	(a) time for treatment response, within one two weeks;
301	(b) maximum treatment frequency, no more than three joint levels may be
302	injected, either unilaterally or bilaterally, per patient visit. Subsequent injections
303	may occur once every two weeks three months if a positive response to the first
304	injection or block. If subsequent injections or blocks fail to demonstrate
305	progressive improvement as specified in subpart 9, diminishing control of
306	symptoms or fail to facilitate objective functional gains, then injections or blocks
307	should be discontinued at that facet joint. Only three injections or blocks are
308	reimbursable per patient visit; and
309	(c) maximum treatment, three injections or blocks to any one site visits in any 12-
310	month period.
311	(3) Nerve root blocks:
312	(a) time for treatment response, within one week;
313	(b) maximum treatment frequency, can repeat injection two weeks after the
314	previous injection if a positive response to the first block. Only three injections
315	are reimbursable per patient visit; and
316	(c) maximum treatment, two blocks to any one site.
317	Radiofrequency denervation injections of the facet joints, may be considered after a
318	positive response to a set of two diagnostic medial branch blocks as described in item
319	B, subitem (1):
320	(a) time for treatment response, within three weeks;
321	(b) maximum treatment frequency, no more than two facet joint levels, or three
322	medial branch nerves, may be injected, either unilaterally or bilaterally, per
323	patient visit. Subsequent injections may occur six months after the previous
324	injection if a positive response to the previous injection. Before a repeat injection
325	occurs, an additional confirmatory medial branch block must be performed, as
326	specified in item B, subitem (1), if the patient's pain presents differently than in
327	the initial evaluation; and
328	(c) maximum treatment, two injection visits in any 12-month period.
329	(4) Epidural injections:

330	(a) time for treatment response, within one two weeks;
331	(b) maximum treatment frequency, no more than one level may be injected, either
332	unilaterally or bilaterally, per patient visit. Subsequent injections may occur once
333	every two weeks if a positive response to the first injection. If subsequent
334	injections <u>fail to</u> demonstrate <u>progressive improvement as specified in subpart 9</u> ,
335	diminishing control of symptoms or fail to facilitate objective functional gains,
336	then injections should be discontinued at that level. Only one injection is
337	reimbursable per patient visit; and
338	(c) maximum treatment, three four injections visits in any 12-month period.
339	(5) Limitations on maximum treatment:
340	(a) use of therapeutic injections must not delay the required surgical or chronic
341	pain evaluation required by this chapter; and
342	(b) use of therapeutic injections must be discontinued after the initial nonsurgical
343	treatment and surgical evaluation phases are completed, except:
344	(i) for episodic care to treat a clinical flare-up after reaching maximum
345	medical improvement;
346	(ii) for chronic management in accordance with part 5221.6600; or
347	(iii) as set forth in part 5221.6050, subpart 8.
348	B. Permanent lytic or sclerosing injections, including radio frequency denervation of the facet
349	joints. These injections can only be given in conjunction with active treatment modalities
350	directed to the same anatomical site:
351	(1) time for treatment response, within one week;
352	(2) optimum treatment frequency, may repeat once for any site; and
353	(3) maximum duration, two injections to any one site.
354	Diagnostic-only injections, including medial branch blocks and nerve root blocks. These
355	injections may only be done as a diagnostic procedure and must not be used as an ongoing
356	therapeutic modality.
257	(1) Madial branch blooks, may be considered for nations with newsistant expertence that
357 358	(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,
358 359	item B, subitem (1). These injections may be used to assess if a particular facet joint is
360	the cause of symptoms and if the patient would benefit from other treatment modalities:
300	the cause of symptoms and if the patient would benefit from other treatment modalities.
361	(a) time for treatment response, immediately or within one day;

362	(b) maximum treatment frequency, no more than two facet joint levels, or three
363	medial branch nerves, either unilaterally or bilaterally, may be injected per patient
364	visit. A confirmatory second injection to the same medial branch nerve may occur
365	no sooner than one week after the initial injection if there is a positive response to
366	the first injection; and
367	(c) maximum treatment, no more than two injections to any single medial branch
368	<u>nerve.</u>
369	(2) Nerve root blocks, may be used to assess if a particular nerve root is the cause of
370	symptoms and if the patient would benefit from other treatment modalities:
371	(a) time for treatment response, immediately or within one day;
372	(b) maximum treatment frequency, no more than one nerve root may be injected
373	per patient visit; and
274	(a) maying the threatment has more than an airiestian to any single name as a
374 275	(c) maximum treatment, no more than one injection to any single nerve root.
375	Subsequent injections must be to an alternative nerve root.
376	C. Prolotherapy and botulinum toxin injections are not indicated in the treatment of thoracic back
377	problems and are not reimbursable.
378	[For text of subparts 6 to 13, see Minnesota Rules]
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379	5221.6600 CHRONIC MANAGEMENT.
380	Subpart 1. Scope. This part applies to chronic management of all types of physical injuries, even if the
381	injury is not specifically governed by parts 5221.6200 to 5221.6500. If a patient continues with
382	symptoms and physical findings after all appropriate initial nonsurgical and surgical treatment has been
383	rendered, and if the patient's condition prevents the resumption of the regular activities of daily life
384	including regular vocational activities, then the patient may be a candidate for chronic management. The
385	purpose of chronic management is twofold: the patient should be made independent of health care
386	providers in the ongoing care of a chronic condition; and the patient should be returned to the highest
387	functional status reasonably possible.
388	[For text of items A and B, see Minnesota Rules]
389	C. No further passive treatment modalities or therapeutic injections are indicated, except as
390	otherwise provided in parts 5221.6200, subpart 3, item B; 5221.6205, subpart 3, item B;
391	5221.6210, subpart 3, item B; and 5221.6300, subpart 3, item B.
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392	D. Therapeutic injections may be considered for chronic pain exacerbations or to maintain
393	functional status at maximum medical improvement. Use of therapeutic injections must continue
394	to meet the requirements in parts 5221.6200, subpart 5, item A; 5221.6205, subpart 5, item A;
395	5221.6210, subpart 5, item A; and 5221.6300, subpart 5, item A; and meet the following:

396	(1) Trigger point injections must provide a sustained positive result for at least 6 weeks.
397	(2) Sacroiliac joint injections must provide a sustained positive result for at least 3
398	months.
399	(3) Intra-articular facet joint injections must provide a sustained positive result for at least
400	3 months. A justification on why radiofrequency denervation cannot be performed must
401	be documented in the medical record.
402	(4) Radiofrequency denervation injections must provide a sustained positive result for at
403	least 6 months. If it has been 2 years or longer since the last injection or there is a
404	question as to the source of the recurrent pain, a diagnostic medial branch block must be
405	performed, as specified in parts 5221.6200, subpart 5, item B, subitem (1); 5221.6205,
406	subpart 5, item B, subitem (1); 5221.6210, subpart 5, item B, subitem (1); and 5221.6300,
407	subpart 5, item B, subitem (1).
408	(5) Epidural injections must provide a sustained positive result for at least 3 months.
409	(6) A positive result includes pain improvement of at least 50 percent, return to baseline
410	function as established at maximum medical improvement, return to increased work
411	duties, or measurable improvement in physical activity goals, including return to baseline
412	after an exacerbation. Injections may only be repeated when these positive results and
413	time goals are met.
414	D. E. No further diagnostic evaluation is indicated unless there is the development of symptoms
415	or physical findings which would in themselves warrant diagnostic evaluation.
416 417	E. F. A program of chronic management must include appropriate means by which use of scheduled medications can be discontinued or severely limited.
418	[For text of subpart 2, see Minnesota Rules]