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 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, subject to the limitations on maximum treatment for therapeutic injections as described in item A, subitem (6). A. Therapeutic injections include trigger point injections, facet joint injections, sacroiliac joint injections, radiofrequency denervation, and epidurals. 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 injection 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

34 35	joint; and
36	(c) maximum treatment, four injection visits in any 12-month period.
37	(3) Intra-articular facet joint injections, may be considered for patients with persistent
38	symptoms that have not responded to six weeks of initial nonsurgical treatment as
39	described in subpart 2, item B, subitem (1):
40	(a) time for treatment response, within two weeks;
41	(b) maximum treatment frequency, no more than three joint levels may be
42	injected, either unilaterally or bilaterally, per patient visit. Subsequent injections
43	may occur once every three months if a positive response to the first injection. If
44	subsequent injections fail to demonstrate progressive improvement as specified in
45	subpart 9, injections should be discontinued at that facet joint; and
46	(c) maximum treatment, three injection visits in any 12-month period.
47	(4) Radiofrequency denervation injections of the facet joints, may be considered after a
48	positive response to a set of two diagnostic medial branch blocks as described in item B,
49	subitem (1):
50	(a) time for treatment response, within three weeks;
51	(b) maximum treatment frequency, no more than two facet joint levels, or three
52	medial branch nerves, may be injected, either unilaterally or bilaterally, per
53	patient visit. Subsequent injections may occur six months after the previous
54	injection if a positive response to the previous injection. Before a repeat injection
55	occurs, an additional confirmatory medial branch block must be performed, as
56	specified in item B, subitem (1), if the patient's pain presents differently than in
57	the initial evaluation; and
58	(c) maximum treatment, two injection visits in any 12-month period.
59	(5) Epidural injections:
60	(a) time for treatment response, within two weeks;
61	(b) maximum treatment frequency, no more than one level may be injected, either
62	unilaterally or bilaterally, per patient visit. Subsequent injections may occur once
63	every two weeks if a positive response to the first injection. If subsequent
64	injections fail to demonstrate progressive improvement as specified in subpart 9,
65	injections should be discontinued at that level; and
56	(c) maximum treatment, four injection visits in any 12-month period.

67	(6) Limitations on maximum treatment:
68 69	(a) use of therapeutic injections must not delay the required surgical or chronic pain evaluation required by this chapter; and
70 71	(b) use of therapeutic injections must be discontinued after the initial nonsurgical treatment and surgical evaluation phases are completed, except:
72 73	(i) for episodic care to treat a clinical flare-up after reaching maximum medical improvement;
74	(ii) for chronic management in accordance with part 5221.6600; or
75	(iii) as set forth in part 5221.6050, subpart 8.
76 77 78	B. Diagnostic-only injections include 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.
79 80 81 82	(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:
83	(a) time for treatment response, immediately or within one day;
84 85 86 87 88	(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
89 90	(c) maximum treatment, no more than two injections to any single medial branch nerve.
91 92	(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:
93	(a) time for treatment response, immediately or within one day;
94 95	(b) maximum treatment frequency, no more than one nerve root may be injected per patient visit; and
96 97	(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 98 problems and are not reimbursable. 99 [For text of subparts 6 to 13, see Minnesota Rules] 100 5221.6205 NECK PAIN. 101 102 Subpart 1. Diagnostic procedures for treatment of neck injury. A health care provider shall determine the nature of the condition before initiating treatment. 103 [For text of items A to G, see Minnesota Rules] 104 H. Diagnostic analgesic blocks or injections are used to localize the source of pain prior to 105 surgery and to diagnose conditions which fail to respond to initial nonsurgical management. 106 These blocks and injections are subject to the parameters of subpart 5. 107 [For text of items I and J, see Minnesota Rules] 108 109 [For text of subparts 2 to 4, see Minnesota Rules] 110 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 111 indicated unless noninvasive procedures have failed to establish the diagnosis. Selection of patients, 112 choice of procedure, and localization of the level of injection should be determined by documented 113 clinical findings indicating possible pathologic conditions and the source of pain symptoms. Use of 114 injections may extend past the 12-week limit on passive treatment modalities, so long as the maximum 115 treatment for injections is not exceeded, subject to the limitations on maximum treatment for therapeutic 116 117 injections as described in item A, subitem (5). 118 A. Therapeutic injections include trigger point injections, facet joint injections, radiofrequency 119 denervation, and epidurals. Therapeutic injections can only be given in conjunction with 120 active treatment modalities directed to the same anatomical site. 121 (1) Trigger point injections: 122 123 (a) time for treatment response, within 30 minutes; (b) maximum treatment frequency, no more than four injection sites per patient 124 visit. Subsequent injections may occur once per week if a positive response to the 125 first injection at that site. If subsequent injections at that site fail to demonstrate 126 progressive improvement as specified in subpart 9, trigger point injections should 127 be redirected to other areas or discontinued; and 128 (c) maximum treatment, four injection visits in any 12-month period. 129

130	(2) Intra-articular facet joint injection, may be considered for patients with persistent
131	symptoms that have not responded to six weeks of initial nonsurgical treatment as
132	described in subpart 2, item B, subitem (1):
133	(a) time for treatment response, within two weeks;
134	(b) maximum treatment frequency, no more than three joint levels may be
135	injected, either unilaterally or bilaterally, per patient visit. Subsequent injections
136	may occur once every three months if a positive response to the first injection. If
137	subsequent injections fail to demonstrate progressive improvement as specified in
138	subpart 9, injections should be discontinued at that facet joint; and
139	(c) maximum treatment, three injection visits in any 12-month period.
140	(3) Radiofrequency denervation injections of the facet joints, may be considered after a
141	positive response to a set of two diagnostic medial branch blocks as described in item B,
142	subitem (1):
143	(a) time for treatment response, within three weeks;
144	(b) maximum treatment frequency, no more than two facet joint levels, or three
145	medial branch nerves, may be injected, either unilaterally or bilaterally, per
146	patient visit. Subsequent injections may occur six months after the previous
147	injection if a positive response to the previous injection. Before a repeat injection
148	occurs, an additional confirmatory medial branch block must be performed, as
149	specified in item B, subitem (1), if the patient's pain presents differently than in
150	the initial evaluation; and
151	(c) maximum treatment, two injection visits in any 12-month period.
152	(4) Epidural injections:
153	(a) time for treatment response, within two weeks;
154	(b) maximum treatment frequency, no more than one level may be injected, either
155	unilaterally or bilaterally, per patient visit. Subsequent injections may occur once
156	every two weeks if a positive response to the first injection. If subsequent
157	injections fail to demonstrate progressive improvement as specified in subpart 9,
158	injections should be discontinued at that level; and
159	(c) maximum treatment, four injection visits in any 12-month period.
160	(5) Limitations on maximum treatment:
161	(a) use of therapeutic injections must not delay the required surgical or chronic
162	pain evaluation required by this chapter; and

163	(b) use of therapeutic injections must be discontinued after the initial nonsurgical
164	treatment and surgical evaluation phases are completed, except:
165	(i) for episodic care to treat a clinical flare-up after reaching maximum
166	medical improvement;
167	(ii) for chronic management in accordance with part 5221.6600; or
168	(iii) as set forth in part 5221.6050, subpart 8.
169	B. Diagnostic-only injections include medial branch blocks and nerve root blocks. These
170	injections may only be done as a diagnostic procedure and must not be used as an ongoing
171	therapeutic modality.
172	(1) Medial branch blocks, may be considered for patients with persistent symptoms that
173	have not responded to six weeks of initial nonsurgical treatment as described in subpart 2,
174	item B, subitem (1). These injections may be used to assess if a particular facet joint is
175	the cause of symptoms and if the patient would benefit from other treatment modalities:
176	(a) time for treatment response, immediately or within one day;
177	(b) maximum treatment frequency, no more than two facet joint levels, or three
178	medial branch nerves, either unilaterally or bilaterally, may be injected per patient
179	visit. A confirmatory second injection to the same medial branch nerve may occur
180	no sooner than one week after the initial injection if there is a positive response to
181	the first injection; and
182	(c) maximum treatment, no more than two injections to any single medial branch
183	nerve.
184	(2) Nerve root blocks, may be used to assess if a particular nerve root is the cause of
185	symptoms and if the patient would benefit from other treatment modalities:
186	(a) time for treatment response, immediately or within one day;
187	(b) maximum treatment frequency, no more than one nerve root may be injected
188	per patient visit; and
189	(c) maximum treatment, no more than one injection to any single nerve root.
190	Subsequent injections must be to an alternative nerve root.
191	C. Prolotherapy and botulinum toxin injections are not indicated in the treatment of neck
192	problems and are not reimbursable.
193	[For text of subparts 6 to 14, see Minnesota Rules]

194 5221.6210 THORACIC BACK PAIN. 195 Subpart 1. Diagnostic procedures for treatment of thoracic back injury. A health care provider shall determine the nature of the condition before initiating treatment. 196 [For text of items A to G, see Minnesota Rules] 197 198 H. Diagnostic analgesic blocks or injections are used to localize the source of pain prior to surgery and to diagnose conditions which fail to respond to initial nonoperative care. These 199 200 blocks and injections are subject to the parameters of subpart 5. [For text of items I and J, see Minnesota Rules] 201 202 [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 203 diagnostic and therapeutic injections are invasive and when done as diagnostic procedures only, are not 204 indicated unless noninvasive procedures have failed to establish the diagnosis. Selection of patients, 205 choice of procedure, and localization of the level of injection should be determined by documented 206 207 clinical findings indicating possible pathologic conditions and the source of pain symptoms. Use of 208 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 209 injections as described in item A, subitem (5). 210 211 A. Therapeutic injections include trigger point injections, facet joint injections, radiofrequency denervation, and epidurals. Therapeutic injections can only be given in conjunction with active 212 treatment modalities directed to the same anatomical site. 213 (1) Trigger point injections: 214 215 (a) time for treatment response, within 30 minutes; 216 (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 217 first injection at that site. If subsequent injections at that site fail to demonstrate 218 progressive improvement as specified in subpart 9, trigger point injections should 219 be redirected to other areas or discontinued; and 220 (c) maximum treatment, four injection visits in any 12-month period. 221 (2) Intra-articular facet joint injections, may be considered for patients with persistent 222 symptoms that have not responded to six weeks of initial nonsurgical treatment as 223 224 described in subpart 2, item B, subitem (1): (a) time for treatment response, within two weeks; 225

226	(b) maximum treatment frequency, no more than three joint levels may be
227	injected, either unilaterally or bilaterally, per patient visit. Subsequent injections
228	may occur once every three months if a positive response to the first injection-or
229	block. If subsequent injections fail to demonstrate progressive improvement as
230	specified in subpart 9, injections should be discontinued at that facet joint; and
231	(c) maximum treatment, three injection visits in any 12-month period.
232	(3) Radiofrequency denervation injections of the facet joints, may be considered after a
233	positive response to a set of two diagnostic medial branch blocks as described in item B,
234	subitem (1):
235	(a) time for treatment response, within three weeks;
236	(b) maximum treatment frequency, no more than two facet joint levels, or three
237	medial branch nerves, may be injected, either unilaterally or bilaterally, per
238	patient visit. Subsequent injections may occur six months after the previous
239	injection if a positive response to the previous injection. Before a repeat injection
240	occurs, an additional confirmatory medial branch block must be performed, as
241	specified in item B, subitem (1), if the patient's pain presents differently than in
242	the initial evaluation; and
243	(c) maximum treatment, two injection visits in any 12-month period.
244	(4) Epidural injections:
245	(a) time for treatment response, within two weeks;
246	(b) maximum treatment frequency, no more than one level may be injected, either
247	unilaterally or bilaterally, per patient visit. Subsequent injections may occur once
248	every two weeks if a positive response to the first injection. If subsequent
249	injections fail to demonstrate progressive improvement as specified in subpart 9,
250	injections should be discontinued at that level; and
251	(c) maximum treatment, four injection visits in any 12-month period.
252	(5) Limitations on maximum treatment:
253	(a) use of therapeutic injections must not delay the required surgical or chronic
254	pain evaluation required by this chapter; and
255	(b) use of therapeutic injections must be discontinued after the initial nonsurgical
256	treatment and surgical evaluation phases are completed, except:
257	(i) for episodic care to treat a clinical flare-up after reaching maximum
258	medical improvement;

259	(ii) for chronic management in accordance with part 5221.6600; or
260	(iii) as set forth in part 5221.6050, subpart 8.
261 262 263	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.
264 265 266 267	(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:
268	(a) time for treatment response, immediately or within one day;
269 270 271 272 273	(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
274 275	(c) maximum treatment, no more than two injections to any single medial branch nerve.
276 277	(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:
278	(a) time for treatment response, immediately or within one day;
279 280	(b) maximum treatment frequency, no more than one nerve root may be injected per patient visit; and
281 282	(c) maximum treatment, no more than one injection to any single nerve root. Subsequent injections must be to an alternative nerve root.
283 284	C. Prolotherapy and botulinum toxin injections are not indicated in the treatment of thoracic back problems and are not reimbursable.
285	[For text of subparts 6 to 13, see Minnesota Rules]
286	5221.6600 CHRONIC MANAGEMENT.
287 288 289 290 291	Subpart 1. Scope. This part applies to chronic management of all types of physical injuries, even if the injury is not specifically governed by parts 5221.6200 to 5221.6500. If a patient continues with symptoms and physical findings after all appropriate initial nonsurgical and surgical treatment has been rendered, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient may be a candidate for chronic management. The

purpose of chronic management is twofold: the patient should be made independent of health care providers in the ongoing care of a chronic condition; and the patient should be returned to the highest functional status reasonably possible.

[For text of items A and B, see Minnesota Rules]

- C. No further passive treatment modalities are indicated, except as otherwise provided in parts 5221.6200, subpart 3, item B; 5221.6205, subpart 3, item B; 5221.6210, subpart 3, item B; and 5221.6300, subpart 3, item B.
- D. Therapeutic injections may be considered for chronic pain exacerbations or to maintain functional status at maximum medical improvement. Use of therapeutic injections must continue to meet the requirements in parts 5221.6200, subpart 5, item A; 5221.6205, subpart 5, item A; 5221.6210, subpart 5, item A; and 5221.6300, subpart 5, item A; and meet the following:
 - (1) Trigger point injections must provide a sustained positive result for at least 6 weeks.
 - (2) Sacroiliac joint injections must provide a sustained positive result for at least 3 months.
 - (3) Intra-articular facet joint injections must provide a sustained positive result for at least 3 months. A justification on why radiofrequency denervation cannot be performed must be documented in the medical record.
 - (4) Radiofrequency denervation injections must provide a sustained positive result for at least 6 months. If it has been 2 years or longer since the last injection or there is a question as to the source of the recurrent pain, a diagnostic medial branch block must be performed, as specified in parts 5221.6200, subpart 5, item B, subitem (1); 5221.6205, subpart 5, item B, subitem (1); 5221.6210, subpart 5, item B, subitem (1); and 5221.6300, subpart 5, item B, subitem (1).
 - (5) Epidural injections must provide a sustained positive result for at least 3 months.
 - (6) A positive result includes pain improvement of at least 50 percent, return to baseline function as established at maximum medical improvement, return to increased work duties, or measurable improvement in physical activity goals, including return to baseline after an exacerbation. Injections may only be repeated when these positive results and time goals are met.
- E. No further diagnostic evaluation is indicated unless there is the development of symptoms or physical findings which would in themselves warrant diagnostic evaluation.
- F. A program of chronic management must include appropriate means by which use of scheduled medications can be discontinued or severely limited.

[For text of subpart 2, see Minnesota Rules]