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, 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

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.

(6) Limitations on maximum treatment:

(a) use of therapeutic injections must not delay the required surgical or chronic pain evaluation required by this chapter; and

(b) use of therapeutic injections must be discontinued after the initial nonsurgical treatment and surgical evaluation phases are completed, except:

(i) for episodic care to treat a clinical flare-up after reaching maximum medical improvement;

(ii) for chronic management in accordance with part 5221.6600; or

(iii) as set forth in part 5221.6050, subpart 8.

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.

(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.

[For text of subparts 6 to 13, see Minnesota Rules]

5221.6205 NECK PAIN.

Subpart 1. **Diagnostic procedures for treatment of neck 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 prior to 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 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).

A. Therapeutic injections include trigger point injections, facet 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) Intra-articular facet joint injection, 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.

(3) 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.

(4) 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.

(5) Limitations on maximum treatment:

(a) use of therapeutic injections must not delay the required surgical or chronic pain evaluation required by this chapter; and

(b) use of therapeutic injections must be discontinued after the initial nonsurgical treatment and surgical evaluation phases are completed, except:

(i) for episodic care to treat a clinical flare-up after reaching maximum medical improvement;

(ii) for chronic management in accordance with part 5221.6600; or

(iii) as set forth in part 5221.6050, subpart 8.

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.

(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 neck problems and are not reimbursable.

[For text of subparts 6 to 14, see Minnesota Rules]

5221.6210 THORACIC BACK PAIN.

Subpart 1. **Diagnostic procedures for treatment of thoracic 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 prior to surgery and to diagnose conditions which fail to respond to initial nonoperative care. 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 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).

A. Therapeutic injections include trigger point injections, facet 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) 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 ~~or block~~. 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.

(3) 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.

(4) 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.

(5) Limitations on maximum treatment:

(a) use of therapeutic injections must not delay the required surgical or chronic pain evaluation required by this chapter; and

(b) use of therapeutic injections must be discontinued after the initial nonsurgical treatment and surgical evaluation phases are completed, except:

(i) for episodic care to treat a clinical flare-up after reaching maximum medical improvement;

(ii) for chronic management in accordance with part 5221.6600; or

(iii) as set forth in part 5221.6050, subpart 8.

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 thoracic back problems and are not reimbursable.

[For text of subparts 6 to 13, see Minnesota Rules]

5221.6600 CHRONIC MANAGEMENT.

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]