Phone: 740-455-5199

Authorization Request: Epidural Injections

Cervical & Thoracic – Intralaminar and Transforaminal

Lumbar – Intralaminar, Transforaminal, and Caudal

Please Fax Request to: (740) 455-8817

Today's Date: _____

Member Information

Member Name: _____DOB: _____

Member ID#: _____ Employer: _____

Ordering Physician Information

Physician Name: _____Phone/Fax #: _____/_____

Physician Address: _____

Physician Tax ID/NPI: _____

Office Contact Person: _____

In Office Procedure? Yes _____ No _____ Date of Service:_____

Facility Information

Facility Name: _____ Facility Tax ID/NPI: _____

Facility Address: _____

Facility Phone/Fax: _____

Diagnosis: _____

Diagnosis Code(s): _____

Procedure Requested (CPT Code(s) w/ level(s) to be injected): _____

Initial Injection

Y ☐ N ☐ Does the member have recurrent/acute pain (cervical or thoracic or lumbar)?

Y ☐ N ☐ Documentation of nerve root compression?

Y ☐ N ☐ Has member had a 2-week trial of NSAIDS (prescription strength, taken on a regular basis **and** ordered by a physician – unless contraindication/intolerance)? *Please list start date, within 6 months: _____

Y ☐ N ☐ Has member had 4 weeks of activity modification?

Y ☐ N ☐ Has member attempted PT, Chiropractic care or home exercise program for 4 weeks within the past 12 months? *Please list start date: _____

Y ☐ N ☐ Are there radicular symptoms?

Diagnostic Phase Initial Injection

Y ☐ N ☐ Nerve root irritation such as radicular pain or sciatica?

Y ☐ N ☐ If radicular pain, has CT or MRI been completed within the past 12 months (unless contraindicated)?
MRI Impression: _____

Subsequent Injection(s)

Date of previous injection(s): _____

Y ☐ N ☐ Was there 50% reduction in pain & ability to perform prior painful movements for 1 week?

Therapeutic Phase Initial Injection

Y ☐ N ☐ Pain has returned?

Y ☐ N ☐ Member has had a decline in functional status

Y ☐ N ☐ Member had a positive response to injections during diagnostic phase

Subsequent Injection(s)

Date of previous injection(s): _____

Y ☐ N ☐ Member had 50% reduction in pain for 6 weeks

Y ☐ N ☐ Improvement in physical and functional status