

Interventional Pain Management Supplemental Questionnaire

NAME:	POLICY NUMBER:
DATE:	SIGNATURE:
<p>If you are a PM&R physician and you <u>DO NOT</u> perform any interventional pain management please check this box <input type="checkbox"/> and return the form without any additional markings.</p>	
<p><u>SECTION I</u> — Training & Experience (check all that apply)</p>	
1. Completion of an ACGME-accredited residency-training program in anesthesia, PM&R, neurology or psychiatry (circle which one)	
2. Satisfactory completion of 12 months of formal training in an ACGME-accredited Pain Medicine Fellowship, in which 50% or greater time is spent on interventional spine and pain procedures. If formal post-residency pain medicine fellowship was not obtained, select from options a-d, below, that which best describes your training and experience.	
a. Documented completion of 50 Category 1 CME hours in interventional techniques consisting of both didactic and supervised cadaver training, under the direct supervision of a physician who has been credentialed by a Joint Commission (JC) or other accredited organization to perform procedures which they supervise.	
b. Documented completion of 200 Category 2 CME hours in interventional techniques consisting of both didactic and supervised cadaver training, under the direct supervision of a physician who has been credentialed by a Joint Commission (JC) or other accredited organization to perform procedures which they supervise.	
c. Program Sponsors for options a or b above consisted of the International Spine Intervention Society (ISIS), the Physiatrix Association of Spine, Sports and Occupational Rehabilitation (PASSOR), or the American Society of Interventional Pain Physicians (ASIPP).	
d. Credentialed and currently perform interventional pain procedures in an accredited organization, in which proctoring occurred for all procedures for which privileges were sought.	
<p><u>SECTION II</u> — Procedures Interventional Procedures Currently Performed, or Those Anticipated to Perform Within The Year (check all that apply)</p>	
Sacroiliac (SI) joint blocks	
Low back trigger point injections	
Lumbar/caudal epidural steroid injections	
Intra-articular (large joint) injections	
Prolotherapy	
Fluoroscopically directed spinal transflaval steroid injections (a.k.a. Interlaminar injections) - excluding the cervical spine	
Fluoroscopically-directed sacral/lumbar transforaminal steroid injections	
Intra-articular Facet Joint (Zygapophysial) Injections – excluding the cervical spine	
Medial branch blocks	
Mid, upper back and neck trigger point injections	
Intercostal nerve blocks (ICNBs)	
Piriformis muscle and neck muscle blocks	

Interventional Pain Management Supplemental Questionnaire

Peripheral nerve cryoneurolysis		
Radiofrequency and laser peripheral nerve denervation (neurotomy)		
Lumbar sympathetic block		
Stellate ganglion block		
Discogram (discography)		
Facet rhizotomy		
Brachial plexus block		
Intercostal cryoneurolysis		
Spinal cord stimulator trial		
Intrathecal infusion pump (spinal infusion therapy) trial		
Intradiscal electrothermal annuloplasty (IDEA) (monopolar and bipolar RF techniques)		
Coblation nucleoplasty		
Percutaneous Intervertebral Disc Decompression		
Transforaminal cervical epidural steroid injection (TFCESI)		
Intra-articular Facet Joint (zygapophysial) Injections – cervical spine		
<p>For the following procedures mark (√) following each procedure that you perform. In the second column, mark (√) if performed in fellowship program. If not performed in fellowship, please indicate the program sponsor in Section IV, below.</p>		
CT-guided celiac, ganglion impar and superior and inferior hypogastric plexus blocks		
Spinal cord stimulator (implantation)		
Intrathecal infusion pump implantation (spinal infusion therapy)		
Kyphoplasty and Vertebroplasty		
Laser endoscopic discectomy		
Selective spinal nerve endoscopic decompression		
Epiduroscopy		
Peridural adhesiolysis (Racz procedure)		
Cervical coblation nucleoplasty coblation		
<p>SECTION III – Post residency training If you perform any of the following procedures, please list additional post fellowship seminars, conferences and industry sponsored programs attended in order to acquire further training, unless indicated above that training was acquired through a pain medicine fellowship. Please indicate specific course sponsor(s) and whether curriculum consisted of didactic <u>and</u> proctored cadaver experience.</p>		
Procedure(s)	Course Sponsor	Didactic & Cadaver Training?
Transforaminal cervical epidural steroid injection (TFCESI)		
Intra-articular Facet Joint (zygapophysial) Injections – cervical spine		
CT-guided celiac, ganglion impar and superior and inferior hypogastric plexus blocks		
Spinal cord stimulator (implantation)		
Intrathecal infusion pump implantation (spinal infusion therapy)		

Interventional Pain Management Supplemental Questionnaire

Kyphoplasty and Vertebroplasty		
Laser endoscopic discectomy		
<p>SECTION III — Post residency training (continued) If you perform any of the following procedures, please list additional post fellowship seminars, conferences and industry sponsored programs attended in order to acquire further training, unless indicated above that training was acquired through a pain medicine fellowship. Please indicate specific course sponsor(s) and whether curriculum consisted of didactic <u>and</u> proctored cadaver experience.</p>		
Procedure(s)	Course Sponsor	Didactic & Cadaver Training?
Selective spinal nerve endoscopic decompression		
Epiduroscopy		
Peridural adhesiolysis (Racz procedure)		
Cervical coblation nucleoplasty coblation		
<p>SECTION IV — Additional Information</p>		
1. What percentage of your practice is devoted to interventional pain management?		
2. Have you had additional training in postoperative patient management of surgical complications, infection complication management, and device-related management skills? If yes, please elaborate:		Y / N
Additional Interventional Pain Procedures (not otherwise listed above):		