

# UTILIZATION REVIEW

## HCP Best Practice List - California Specific

DIAGNOSTICS	Qty.	Notes
X-Rays	1	Initial X-Ray or > 6 months since last X-Ray; 1 per body region
MRIs w/ contrast	1	Recommended for infection or spinal tumors
MRI/CT w/o contrast	1	> 6 weeks of failed conservative treatment for routine injuries
MRI/CT w/o contrast	1	A) after major trauma B) with documentation of neurological deficit C) for pre-operative study for imminent surgery
CT	1	Displaced fractures
EMG/NCV	1	<u>Initial EMG/NCV:</u> A) Documented neurological deficit (CTS/cubital tunnel syndrome, cervical/lumbar radiculopathy) B) After 6 weeks of conservative treatment with documented neurological deficit.

PHYSICAL MEDICINE	Qty.	Notes
Chiropractic	12	<i>Initial 12 visits; Additional 12 visits w/documented functional improvement for</i> 1) Head 2) Neck 3) Shoulder 4) Lower Back 5) Hip
Chiropractic	3	Elbow
Physical therapy	12	Initial 12
Physical therapy (Post-Op)	12	Initial 12 visits after surgery
Acupuncture	6	Initial 6 visits

MEDICATIONS	Qty.	Notes
<b>Anti-inflammatory meds (NSAIDs):</b> <i>Examples</i> 1) Ibuprofen 2) Celecoxib (Celebrex) 3) Aspirin 4) Diclofenac 5) Naproxen	30	Initial 30 day supply
<b>Antibiotics:</b> <i>Examples</i> 1) Amoxicillin 2) Erythromycin 3) Bactrim	30	Initial 30 day supply
<b>Muscle relaxers:</b> <i>Examples</i> 1) Cyclobenzaprine (Flexeril) 2) Baclofen 3) Zanaflex 4) Skelaxin	3	Up to 3 weeks; Except compounded meds & creams

<b>Antidepressants: Examples</b> 1) Mirtazapine (Remeron) 2) Escitalopram (Lexapro) 3) Venlafaxine (Effexor) 4) Sertraline (Zoloft) 5) Citalopram (Celexa) 6) Bupropion (Wellbutrin) 7) Paroxetine (Paxil) 8) Milnacipran (Savella) 9) Fluoxetine (Prozac) 10) Duloxetine (Cymbalta) 11) Fluvoxamine (Luvox) 12) Reboxetine (Vestra)	30	Initial 30 day supply
<b>Anticonvulsants: Examples</b> 1) Lyrica (pregabalin) 2) Neurontin (Gabapentin) 3) Dilantin (Phenytoin) 4) Valium (diazepam) 5) Ativan (lorazepam)	30	Initial 30 day supply
> 3 Medications	0	No more than 3 prescriptions on a single visit
<b>Opioids</b>	30	Initial 30 day fill or less for acute injuries or immediate post-op period; <u>short acting</u> opiates like <b>Norco</b> or <b>Vicodin</b> .
Soma (Carisoprodol)	0	Not recommended at any time.
<b>Long Acting Opiates</b> for acute injuries or immediately post-op: <i>Examples</i> A) Morphine Sulfate Extended Release (ER) B) Methadone Hydrochloride C) Duragesic - Fentanyl D) MS Contin E) Nucynta ER F) OxyContin G) Opana ER	0	Not recommended at any time.

DME	Qty.	Notes
Standard braces	1	
Standard crutches	1	
Standard commodes	1	
Non-powered DME < \$500.00	1	
TENS unit - 2 or 4 leads	30	30 day trial after failure to respond to 4 weeks of conservative care
Continuous passive motion (CPM)	21	21 day use with total knee replacement (TKR), ACL repair/cartilage restoration
Cryotherapy (Cold therapy unit)/compression devices	1	1 week post operative use

CONSULTS	Qty.	Notes
Surgical consult	1	Pre-operative evaluation prior to surgery
Specialty consults	1	Initial consult (except Pain Management consult must go to physician reviewer)

INJECTIONS	Qty.	Notes
Cortisone/steroid injections	2	Up to 2 injections to one location or anatomical area per year (non-spinal)
Non-spinal injections	2	Up to 2 injections per year for: A) Trigger points B) Tendon sheaths C) Bursa

Epidural Steroid Injections (ESI) - Diagnostic (Blocks)	2	<ul style="list-style-type: none"> <li>A) Radiculopathy corroborated by imaging and/or EDS</li> <li>B) Unresponsive to conservative treatment</li> <li>C) Performed w/ fluoroscopy for guidance</li> <li>D) No more than 2 DIFFERENT nerve root levels - transforaminal</li> <li>E) No more than 1 nerve root level - interlaminar</li> <li>F) Never at the same level</li> <li>G) 2nd block MUST be at least 1 week after 1st block &amp; at different level</li> </ul>
Epidural Steroid Injections (ESI) - Therapeutic	2	<ul style="list-style-type: none"> <li>A) Radiculopathy corroborated by imaging and/or EDS</li> <li>B) Unresponsive to conservative treatment</li> <li>C) Performed w/ fluoroscopy for guidance</li> <li>D) No more than 2 DIFFERENT nerve root levels - transforaminal</li> <li>E) No more than 1 nerve root level - interlaminar</li> <li>F) Repeat ESI only if functional improvement, decreased pain of at least 50% and reduction of medication for &gt; 6 weeks</li> <li>G) Repeat ESI for ACUTE exacerbation of pain -or- new onset of radicular pain</li> </ul>

SURGERY	Qty.	Notes
Displaced fracture	1	
Hardware removal	1	Non-spine hardware removal

LAB TESTS	Qty.	Notes
CBC	1	Routine pre-op testing
Chemistry panel	1	Routine pre-op testing
Chest X-ray	1	Routine pre-op testing
EKG	1	Routine pre-op testing
UDS	4	<ul style="list-style-type: none"> <li>A) Patient on opioids or other chronic pain medications</li> <li>B) Not more than 4 UDS/year</li> <li>C) Cause/Suspicious Behavior</li> </ul>