

Pain Management

Name: _____

MEDICAL STAFF CATEGORY REQUESTED:

- Active – Active staff members shall provide service to a minimum of 48 patients in their two year appointment period; shall participate in the quality/performance management activities; and shall also provide on-call coverage for medical emergencies.*
- Courtesy - Courtesy staff members shall provide service to a minimum of 6 patients in their two year appointment period; shall be members of the active or associate staff of another hospital in which their regular participation in quality/performance management activities is documented and their performance is evaluated.*
- Consulting – Consulting staff does not have a minimum patient requirement; shall consist of members who meet the general qualifications set forth in the Bylaws; will provide limited services; and are required to practice with another fully privileged member of the medical staff.*

Qualifications:

To be eligible to apply for privileges in pain management, the applicant must meet the following qualifications:

- Documentation of the performance of at least 50 pain management cases during the past two years; **and**
- Current certification or eligibility to participate in the examination process leading to certification in their corresponding ABMS; **and** Successful completion of an ACGME- or AOA-accredited four-year residency in Anesthesiology, Orthopedic Surgery, Neurology, or Neurosurgery, Physical Medicine & Rehabilitation **and** Completion of an approved training course;

Pain Management Privileges (Please check all privileges requested)

- Admit, evaluate, diagnose, consult, and provide non-destructive and relatively low risk care to patients of all ages—except as specifically excluded from practice and except for those special procedure privileges listed below—to correct or treat various conditions, illnesses, and injuries of the neurological system, including the provision of consultation.
- Lumbar epidural injection of, or catheter placement for, injection of local anesthetics, opioids or steroid lumbar puncture, blood patch
- Injection of local anesthetics, opioids, or steroids for block of the cervical, celiac, splanchnic or lumbar paravertebral, sympathetic ganglia or plexuses
- Intramuscular injection of local anesthetic and steroid for treatment of trigger points
- Lumbar epidural blood patch
- Diagnostic lumbar puncture
- Moderate Sedation (requires completion of Moderate Sedation privilege request form)

SPECIAL PROCEDURES PRIVILEGES: (Please indicate with a check mark the privileges requested from each set of Special Procedures Groups)

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable

experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth here.

Procedure	Criteria	Request	Recommended	Not Recommended
Group A	6 cases			
Group B	6 cases			
Group C	6 cases			
Group D	6 cases			
Group E	6 cases			
Group F	*See below			

PAIN MANAGEMENT SPECIAL PROCEDURE LIST:

Group A:

- Cervical epidural injection;
- Cervical, thoracic, and lumbar discography;
- Lumbar epidural injection and catheter placement with fluoroscopy;
- Selective spinal nerve root blocks, lumbar
- Facet joint injections, lumbar levels, non-neurolytic;
- Sacro-iliac joint injection;
- Facial nerve block, non-neurolytic;
- Other peripheral head and neck blocks, non-neurolytic;
- Trigger point and tender point injections, neurolytic;
- Infusion test and IV regional techniques, to include Sodium-pentothal wake up test, Lidocaine infusion test, Phentolamine infusion test, Bretylium Bier block;
- Sacral (hypogastric and precoccygeal) sympathetic and parasympathetic blocks, non-neurolytic

Group B:

- Intrathecal subarachnoid injection of non-neurolytic substances in the cervical and thoracic region.
- Lumbar sympathetic rhizolysis, chemical
- Trigeminal nerve and gasserian ganglion block, non-neurolytic
- Intercostal nerve blocks, neurolytic, chemical
- Celiac and aplanchnic plexus block, neurolytic, chemical

Group C:

- Injection of neurolytic substance into the epidural or intrathecal (subarachnoid) space at any level
- Selective spinal nerve root injections, cervical and thoracic;
- Facet joint injections of the cervical and thoracic levels, non-neurolytic, and cervical/thoracic facet denervation neurolysis and level and technique
- Thoracic paravertebral sympathetic blocks, non-neurolytic and neurolytic;
- Lumbar sympathetic rhizolysis, Radio Frequency Lesioning;
- Sacroiliac joint denervation, neurolytic, RFL;
- Intercostal nerve blocks with RFL or cryoneurolysis;
- Sacral (hypogastric and precoccygeal) sympathetic and parasympathetic blocks, neurolytic and technique;
- Cervical sympathetic blockade, neurolytic, chemical;

- Lumbar sympathetic rhizolysis, chemical;
- Celiac and aplanchnic plexus block, neurolytic, chemical;
- Intradiscal electro thermocoagulation

Group D:

- Ganglion block, neurolytic;
- Trigeminal nerve and gasserian ganglion;
- Greater and lesser occipital nerve blocks, neurolytic, any technique
- Nucleoplasty (REQUIRES ADDITIONAL TRAINING & DOCUMENTATION)
- Placement of Spinal Cord Stimulator (REQUIRES ADDITIONAL TRAINING & DOCUMENTATION)

Group E:

- Vertebroplasty
- Kyphoplasty

Group F:

- mild Procedure*
 - o **Criteria:*
 - *Requires additional training & documentation and*
 - *Must be proctored on first three (3) cases by qualified proctor and*
 - *Must arrange for Neurosurgeon "On Call" for any complications.*

If the procedure that you are interested in is not included on this form, please provide a separate written request and appropriate documentation of training and experience.

Acknowledgement of practitioner:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at **Harris Methodist Southlake**, and

I understand that:

(a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

(b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: _____

Date: _____

Credentials Committee Recommendations: _____ Recommend _____ Deny

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Signed: _____

Date: _____

Recommended/Not recommended with the following modification(s) and reason(s):
