

THERAPEUTIC INJECTIONS & PAIN MANAGEMENT ORDERING GUIDELINES

SPINAL

PROCEDURES	INDICATIONS
Epidural steroid injection (cervical, thoracic, lumbar, caudal)	Provide treatment for pain associated with disc protrusions, bulging discs, degeneration, and spinal stenosis. This procedure may reduce inflammation, resulting in long-term pain relief, and can provide valuable information on the source of pain.
Facet joint injection (diagnostic/therapeutic)	Used for diagnostic purposes to identify the source of irritation in the small spine joints and may be used therapeutically to block the pain. The pain relief provided by this injection may enable the patient to undergo necessary conventional treatment.
Radiofrequency facet joint ablation (RF rhizotomy)	A therapeutic procedure designed to decrease or eliminate severe pain from nerves within the spine by applying highly localized heat to burn the nerve and therefore break the pain signal from the spine to the brain.
Selective nerve block (lumbar)	Indicated in the diagnosis and/or treatment of pain originating from spinal nerve roots. It is performed to determine to isolate a specific spinal nerve root as the source of pain due to impingement or inflammatory irritation. The procedure can help diagnose the source of and treat back and leg pain.
Sacroiliac joint injection (diagnostic/therapeutic)	Used to confirm whether the SI joint is the source of a patient's pain. Indications include the diagnosis and/or treatment of pain arising from the SI joint. If a steroid is injected, this procedure may also help treat the pain by decreasing inflammation in the joint.
Occipital nerve block	Therapeutic injection performed near the base of the skull to relieve occipital neuralgia and certain cervicogenic headaches.
Trigger point injection (TPI)	A procedure used to treat painful areas of muscle that contain trigger points or knots of muscle that form when muscles do not relax. This injection is used to treat many muscle groups, especially those in the arms, legs, lower back, and neck. In addition, TPI can be used to treat fibromyalgia and tension headaches.
Lumbar puncture (diagnostic/therapeutic)	Most commonly performed to obtain a sample of cerebrospinal fluid for diagnostic purposes. It can also be used as a means of administering medication or to decrease spinal fluid pressure.
Myelography	A diagnostic procedure is performed to evaluate the spinal canal, cord, and/or nerves of patients with general neck and back pain, often after surgery or implanted hardware. It is also useful when a patient may be unable to have an MRI or complement information from a previous MRI. Under fluoroscopic guidance, contrast is injected into the spinal canal. CT is performed immediately following to capture images of the spinal canal and any associated pathology.
Cranial cisternography	Diagnostic introduction of intracranial contrast or nuclear tracer to disclose sites of suspected CSF leakage.
Discogram (cervical, lumbar)	Useful in pre-surgical planning for patients considering spinal fusion surgery. A discogram pinpoints the source of pain by deliberately provoking the symptoms. Patients who have not responded to medications and conservative treatments, such as bed rest, traction, or physical therapy, would be candidates for a discogram.

MUSCULOSKELETAL

PROCEDURES	INDICATIONS
Therapeutic Joint Injection (Large joints: hips, knees, shoulders)	Guided therapeutic injections deliver pain-relieving medications to the major joints most often afflicted by degenerative conditions. Imaging guidance facilitates rapid access and precise deposition of agents and minimizes patient stress and discomfort.
Therapeutic Joint Injection (Small joints: elbows, ankles, hands/feet)	Guided therapeutic injections deliver pain-relieving medications to smaller, more difficult-to-access joints also afflicted by degenerative conditions and injuries. Imaging guidance facilitates rapid access and precise deposition of agents and minimizes patient stress and discomfort.
Diagnostic Arthrogram	Aids in diagnosing articular abnormalities or injuries to the cartilage, tendons, and ligaments of the knee, shoulder, elbow, wrist, hip, hand, foot, or ankle joint. Following the image-guided placement of the contrast agent into the joint, an MRI or CT is completed to aid in an accurate diagnosis of the underlying condition.
Trochanteric bursa injection	Help relieve pain caused by an inflamed bursa sac resulting from chronic pressure or trauma to an area, leg-length abnormalities, obesity, rheumatoid arthritis, osteoarthritis, or friction from a tight iliotibial band. Using fluoroscopic guidance, a combination of local anesthetic and steroid medication is injected into the trochanteric bursa.
Iliopsoas tendon sheath injection	Indicated to reduce inflammation that may be causing groin pain. Using fluoroscopic guidance, a combination of local anesthetic and steroid medication is injected into the iliopsoas tendon sheath to decrease inflammation and alleviate symptoms.
Subacromial bursa injection	Performed under fluoroscopy and used to treat pain associated with clinically suspected impingement syndrome, subacromial bursitis, and rotator cuff tendinopathy.
Piriformis injection	A therapeutic injection in which steroid medication is injected under image guidance into the piriformis muscle, and to help reduce inflammation and relieve symptoms associated with piriformis syndrome. (sciatica, hip and low back pain, numbness, tingling, or other symptoms)
Scapulothoracic bursa injection	Image-guided injection of anesthetic and steroid for subscapular pain and crepitus caused by scapulothoracic bursitis. This injection may also be used diagnostically to differentiate between other sources of posterior shoulder pain as well as to select patients for surgical or arthroscopic debridement.
Symphysis pubis injection	Involves the fluoroscopic guided injection of local anesthetic and steroid medication into the symphysis pubis joint for diagnostic and potentially therapeutic purposes for pain and dysfunction associated with clinically suspected osteitis pubis. Runners that present with groin pain that gets better with rest may benefit from this type of procedure.
Sternoclavicular joint injection	The sternoclavicular joint (SCJ) is the only joint holding the upper limb to the axial skeleton, which predisposes the joint to frequent traumatic and overuse injuries. This injection is done under fluoroscopic guidance using a local anesthetic-corticosteroid injectate to treat pain and relieve symptoms associated with SCJ joint irritation or arthritis.
Suprascapular nerve block	Provides safe short- and medium-term relief from pain and disability in patients with chronic soft tissue shoulder pain from inflammatory arthritis and/or degenerative disease who do not respond well to conservative treatment. An injection of anesthetic and steroid medication adjacent to the suprascapular nerve is performed with CT guidance.
Carpal tunnel injection	Non-surgical approach to help mitigate carpal tunnel syndrome and symptoms related to median nerve compression or irritation at the wrist.

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