

Documentation Template*

The Official Disability Guidelines (ODG) do not currently issue a blanket recommendation for basivertebral nerve ablation; however, the ODG and the California MTUS explicitly allow for deviation from guideline recommendations when the clinical facts of an individual case demonstrate clear medical necessity.

This injured worker meets and exceeds those criteria. The patient has well-documented, work-related chronic low back pain persisting for greater than six months following a defined industrial injury.

This patient demonstrates (check appropriate boxes)

- At least 6 months chronic low back pain
- Modic Type 1 or 2 vertebral endplate changes on MRI
- Other signs/symptoms associated with vertebrogenic pain (list below)
 - Click or tap here to enter text.
 - Click or tap here to enter text.
 - Click or tap here to enter text.

List dates and provider for any of the following:

- *Physical Therapy, Chiropractic Treatments, Injections, Activity Modification, Medications, and other procedures to address CLBP:*
 - Click or tap here to enter text.
 - Click or tap here to enter text.
 - Click or tap here to enter text.
- *Failure of exhaustive guideline-directed conservative care without durable relief*
 - Click or tap here to enter text.
 - Click or tap here to enter text.
 - Click or tap here to enter text.

Given the minimally invasive nature of basivertebral nerve ablation, its favorable safety profile, and its role as a reasonable alternative to more invasive surgical interventions, authorization of this procedure is medically reasonable, necessary, and fully justified under MTUS variance standards.

*This is solely a sample of a clinical note. The health care provider retains control of all notes

Disclaimer: Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services and to submit appropriate codes, charges, and modifiers for services that are rendered. Boston Scientific recommends that you consult with your payers, reimbursement specialists and/or legal counsel regarding coding, coverage and reimbursement matters. Boston Scientific does not promote the use of its products outside their FDA-approved label.