### PHYSICIANS' RECIPROCAL INSURERS
#### CHRONIC PAIN MANAGEMENT ADDENDUM

**DO YOU PERFORM ANY OF THE FOLLOWING PROCEDURES?**

- **Epidural Injections**
  - Cervical
  - Thoracic
  - Lumbar
  - Caudal
  - Selective nerve root block (transforaminal)

- **Facet Injections**
  - Cervical
  - Lumbar

- **Joint Injections**
  - Sacroiliac
  - Gleno-humeral
  - Knee
  - Hip

- **Celiac Plexus Blocks**

- **Spinal Endoscopy**
  - Percutaneous laser discectomy
  - Epiduroscopy
  - Intradiscal electrothermal treatment (IDET)
  - Racz catheter epidurolysis

- **Neurolysis Procedures**
  - Radiofrequency
  - Cryoablation
  - Intrathecal neurolytic solutions
  - Other (Please specify below)

- **Insertion of spinal cord stimulators**
  - Do you go higher than vertebral level T4?
  - Is placement verified with fluoroscopy?

- **Insertion of epidural catheter for drug infusion**
  - Do you go higher than vertebral level T4?
  - Is placement verified with fluoroscopy?

- **Insertion of intrathecal catheter for drug infusion**
  - Do you insert the catheter at a level higher than vertebral level L2?
  - Is placement verified by fluoroscopy?

- **Minimally invasive lumbar decompression (M.I.L.D.)?**

- **Kyphoplasty?**

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**# of Procedures**

**Done Annually**

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12. **Are you prescribing opiate analgesics?**
   a. If yes, are you contacting the primary physician to learn about drug habits?  
      Yes ☐ No ☐
   b. Do you discuss with the patient and document in the patient’s chart, the conditions and limitations under which opiates will be prescribed?  
      Yes ☐ No ☐
   c. Do you require the patient to sign a document specifying the conditions and limitations under which opiates will be prescribed?  
      Yes ☐ No ☐

13. **What new techniques do you now use which you did not use 3 years ago?**

14. **Are you certified in Pain Medicine?**
   a. By the ABA?  
      Yes ☐ No ☐
   b. By the American Board of Pain Medicine?  
      Yes ☐ No ☐
   c. Other? (Please specify below)  
      Yes ☐ No ☐

15. **Any other pain procedures?**  
   If yes, please list below: