

Privileges for: Pain Management
--

Request

Admit patients, perform histories and physicals and perform interventional and medical pain medicine treatments which include neurolytic techniques and implantable technology; prescribe medication; develop rehabilitative treatments; direct a multidisciplinary team; coordinate care with other health care providers; provide consultative services to other physicians as well as to public and private agencies; and counsel patients and families

Celiac ganglion blocks; cervical epidural steroid injections; local anesthetic infusion (IV); lumbar epidural steroid injection; lumbar sympathetic blocks; nerve block of face (trigeminal neuralgia); para vertebral blocks; placement of epidural catheter in subcutaneous tissue; selective nerve root blocks; stellate ganglion blocks; thoracic epidural steroid injections; diagnostic/therapeutic lumbar disc procedures.

Radiofrequency

II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

DESCRIPTION OF ADDITIONAL PRIVILEGES

Spinal cord stimulator trials (must show demonstrated competence)

Spinal cord stimulator permanent placement (must show demonstrated competence)

Thoracic lumbar vertebroplasty

1. **Completion of a hands-on training course**
2. **Successful performance of at least 5 vertebroplasty or kyphoplasty procedures as the primary operator under the supervision of a qualified physician *proctor without complications**
3. **Radiation/fluoroscopy education if not included in residency or fellowship training**
4. **Performance of a sufficient number of procedures to maintain their skills, with acceptable success and complication rates.**

***A board certified or eligible physician (M.D. or D.O.) who is qualified and credentialed in the procedure being performed.**

Thoracic lumbar kyphoplasty

1. **Completion of a hands-on training course**
2. **Successful performance of at least 5 vertebroplasty or kyphoplasty procedures as the primary operator under the supervision of a qualified physician *proctor without complications**
3. **Radiation/fluoroscopy education if not included in residency or fellowship training**
4. **Performance of a sufficient number of procedures to maintain their skills, with acceptable success and complication rates.**

***A board certified or eligible physician (M.D. or D.O.) who is qualified and credentialed in the procedure being performed.**

M.I.L.D. (Minimally Invasive Lumbar Decompression) Procedure

Criteria for M.I.L.D. -

1. **Fluoroscopy privileges**
2. **Board certified/qualified by the American Board of Medical Specialties (ABMS) in Pain Management, Radiology, Orthopedic Surgery or Neurosurgery.**
3. **Documentation of proficient performance of 50 fluoroscopic epidural injections of contrast (epidurograms).**
4. **Documentation of proficient performance of one of the following:**
 - a. **For Pain Management or Interventional Radiologist Specialties: 25 neuromodulation procedures or 25 fluoroscopic vertebral augmentation procedures (vertebroplasty or kyphoplasty).**
5. **Documentation of completion of the M.I.L.D. procedure training program.**
6. **Successful proctoring for a minimum of three M.I.L.D. cases.**

Privileges for: Pain Management

Request

_____ **Radiology Section Chairman**

_____ **Date**

_____ Fluoroscopy

(ADDITIONAL REQUIREMENT: Radiation Safety certification required.)

I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.

Applicants Signature: _____ **Date:** _____