



Center for Diagnostic Imaging (CDI) is providing this information to facilitate a discussion with your doctor about your pain issue. A copy of a CDI referral form is also included as your doctor will need to fill it out and fax to us if it is decided that an imaging or pain management procedure is appropriate for you.

Our radiologists are available for doctor-to-doctor consultations on the specific indications for each procedure and can be reached at 320.251.0609.

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## **Epidural Steroid Injection**

Epidural Steroid Injections (ESI) may be of interest to you if you have neck and arm pain (cervical ESI), posterior rib pain (thoracic ESI) or low back and leg pain (lumber ESI).

### ***What are the anticipated benefits?***

Epidural Steroid Injections can provide valuable information on the source of your pain and may reduce inflammation, resulting pain relief from a week to a few months. If no relief occurs, another type of injection may benefit you.

### ***How does it work?***

An Epidural Steroid Injection takes 20-30 minutes for the actual procedure. However, you will be asked to wait an additional 15-30 minutes after the procedure so that the clinic staff can monitor your symptoms.

You will lie on your stomach on a special table in our Diagnostic and Therapeutic Injections (DTI) suite. The C-arm (a special x-ray machine) can be rotated to allow the radiologist to monitor the injection to make sure he is precise in targeting the pain source. In addition, the table can be easily rotated to help the contrast dye move to the area of interest.

One of our specialized radiologists will insert a thin needle containing contrast material into, or adjacent to, the epidural space thought to be causing your pain. He will inject the contrast material to help highlight the epidural space and ensure correct placement of the needle for the procedure.

Then, he will slowly release a combination of anti-inflammatory (steroid) and anesthetic (numbing) medications into the epidural space to decrease inflammation of the nerve roots and relieve the pain.

### ***Are there any risks or negative side effects?***

Complication rates with Epidural Steroid Injections are very low.

As with all injection procedures, the contrast dye contains iodine, so patients with a known allergy to iodine may have an adverse reaction. However, because the contrast is injected into a joint and not a vein, allergic reactions are rare.

The steroid medications used to treat the pain may cause facial flushing, occasional low-grade fevers, hiccups, insomnia, headaches, water retention, increased appetite, increased heart rate,



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(continued)

and abdominal cramping or bloating. These side effects are bothersome in only about 5% of patients and commonly disappear within 1-3 days after the injection.

Women should always inform their physician or CDI technologist if there is any possibility that they are pregnant or breast feeding.



**Center for Diagnostic Imaging  
General Order Form for Medical Imaging and Pain Management**

**This form must be filled out and signed by a medical professional who is legally approved to order your specific medical imaging procedure.**

Medica, Blue Cross Blue Shield of Minnesota, and HealthPartners require that any referral for an MRI or CT go through a pre-notification process prior to occurring.

**CDI's Three-in-One Scheduling process includes a pre-notification process** which is approved by these payers, by which CDI conducts a clinical appropriateness check on your exam.

This provides you and your physician with a more straightforward, streamlined scheduling process.

**REFERRING PROVIDER: Please fill in the information below. This form can be faxed directly to CDI at one of the numbers below.**

Today's Date:		
Referring Office Contact:	Phone:	Fax:
Patient Name:	Insurance Name:	
Patient's Home Ph:	Insurance Group/Member #s:	
Patient's Work Ph:		
Patient's DOB:     /     /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<p><b><u>REFERRING PHYSICIAN INFORMATION</u></b></p> <p>Clinic Name:</p> <p>Physician Name:</p> <p>Location/Address:</p> <p>Phone #:</p>	<p><b><u>IMAGING PROVIDER INFORMATION</u></b></p> <p><b>CENTER FOR DIAGNOSTIC IMAGING (CDI)</b></p> <p>Phone: 320.251.0609</p> <p><b>Fax: 320.251.3806</b></p> <p><b>Preferred CDI Location (check one):</b></p> <p><input type="checkbox"/> St. Cloud NorthWest     <input type="checkbox"/> St. Cloud South</p> <p><input type="checkbox"/> Sartell                             <input type="checkbox"/> Alexandria</p>	

**IMAGING PROCEDURE:**      MRI      CT      X-RAY      ULTRASOUND      MAMMOGRAPHY

BODY PART TO BE STUDIED: \_\_\_\_\_  RIGHT    LEFT    BOTH

Contrast and reconstructions as indicated by the radiologist, or:      No contrast    W & WO contrast    With contrast only  
 With reconstructions    Without reconstructions

**DIAGNOSTIC/THERAPEUTIC PROCEDURE:**      ARTHROGRAM                      BURSA INJECTION              DISCOGRAM              EPIDURAL STEROID INJECTION  
 FACET JOINT INJECTION      FACET NERVE INJECTION      MYELOGRAM              NERVE ROOT BLOCK      TRIGGER POINT INJECTION  
 RADIOFREQUENCY (RF) RHIZOTOMY      OTHER: \_\_\_\_\_

BODY PART TO BE STUDIED/TREATED: \_\_\_\_\_  RIGHT    LEFT    BOTH

NOTES: \_\_\_\_\_

**CLINICAL INFORMATION (ALL INFO MUST BE COMPLETED FOR PRE-NOTIFICATION PROCESS AS EXPLAINED ABOVE)**

1. Patient's diagnosis or symptoms (include duration, frequency, and intensity):
  
2. What is the physician suspecting or ruling out with the requested study?
  
3. Has the patient received treatment for the above symptoms? (Include duration and type of treatment.)
  
4. List any previous relevant testing (i.e. labs, diagnostic imaging, or other test), and results:
  
5. Is this injury related?  Yes  No   If yes, date and type of injury:
  
6. Is study part of a standard post-chemo/radiation protocol in a patient with a prior cancer diagnosis?  
 Yes  No   If yes, cancer type:

**PHYSICIAN SIGNATURE:**

(REQUIRED)

*Please note: CDI offers a full range of diagnostic imaging procedures, including MRI, CT, Nuclear Medicine, PET/CT, X-Ray and Ultrasound. This limited order form is meant to assist with orders for the most common medical imaging exams. CDI also offers diagnostic and therapeutic injections to assist with diagnosing and treating back, neck and joint pain. For more information, go to [www.CDIradiology.com](http://www.CDIradiology.com) or call us at one of the numbers above. Thank you.*