



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.

Facet Joint Injection

A Facet Joint Injection may be right for you if you have pain on both sides of your neck (lateral cervical) or thigh/buttock (lumbar) pain.

What are the anticipated benefits?

A Facet Joint Injection can be used for diagnostic purposes to identify the source of irritation in the small joints at each segment of the spine (the vertebrae), and may be used to block the pain. This pain relief may enable you to undergo necessary conventional treatment, such as physical therapy, to rehabilitate your back.

You may experience numbness and/or relief from your symptoms for up to six hours after the injection. Your usual symptoms may then return and may possibly be worse than usual for a day or two. The beneficial effects of the steroids usually require 2-3 days to take hold, but may take as long as 5-7 days.

Also, if your pain subsides, but begins to return weeks or months later, additional injections — up to four a year — are possible.

How does it work?

A Facet Joint Injection only takes about 20-30 minutes for the actual procedure. However, you will be asked to wait an additional 20 minutes after the procedure so that the clinic staff can monitor your symptoms.

You will be positioned 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 inside the facet joint thought to be causing your pain. He will inject the contrast material to highlight what is happening in your joint space. This will 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 facet joint to decrease inflammation and relieve the pain. If multiple levels of pain exist within the facet joints, several injections may be required to pinpoint the pain source in each location.



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(continued)

Are there any risks or negative side effects?

Complication rates with Facet Joint 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, 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: | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| Patient's DOB: / / | | | | | |
| REFERRING PHYSICIAN INFORMATION | | | IMAGING PROVIDER INFORMATION | | |
| Clinic Name: | | | CENTER FOR DIAGNOSTIC IMAGING (CDI) | | |
| Physician Name: | | | Phone: 320.251.0609 | | |
| Location/Address: | | | Fax: 320.251.3806 | | |
| Phone #: | | | Preferred CDI Location (check one): | | |
| | | | <input type="checkbox"/> St. Cloud NorthWest <input type="checkbox"/> St. Cloud South | | |
| | | | <input type="checkbox"/> Sartell <input type="checkbox"/> Alexandria | | |

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 or call us at one of the numbers above. Thank you.