



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.

Radiofrequency (RF) Rhizotomy

Radiofrequency (RF) Rhizotomy is a therapeutic procedure designed to decrease and/or eliminate severe pain from degenerative facet nerves within the spine. Your pain symptoms may be along your neck, back or low back.

What are the anticipated benefits?

RF Rhizotomy is a therapeutic procedure that does not treat the root cause of pain, but rather is designed to decrease or eliminate pain completely by applying highly localized heat to burn the nerve and therefore break the pain signal from the spine to the brain.

How does it work?

Preliminary Testing - Before a RF Rhizotomy exam should be performed, our radiologists need to verify the areas where the pain originates. Exams required to determine these areas might include MRI of the spine, facet nerve injections or discography.

RF Rhizotomy takes approximately 60-90 minutes. However, you will be asked to wait an additional 30-40 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.

All RF Rhizotomy patients will receive sedation. Once you arrive, you will have an I.V. needle placed in your arm so that you can receive the medication. You will be awake during the procedure to provide important feedback to the radiologist, but the sedative will help diminish anxiety and any discomfort.

One of our specialized radiologists first numbs a small area of skin with a numbing medicine (anesthetic). He will then place a thin needle electrode adjacent to the degenerative facet joint.

The radiologist will check the needle placement using a fluoroscope (x-ray camera), which is connected to a T.V. monitor. X-rays will be taken at this time. To verify the needle position, the nerve may be stimulated using low voltage electricity. The radiologist will then use numbing medication (anesthetic) to put the nerve to sleep.

Then the radiologist will apply heat to the nerve via the electrode for approximately 90 seconds. This heat is designed to create a lesion, causing the nerve to become cauterized or burnt, which in turn breaks the communication link to the brain.



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(continued)

This procedure is then repeated at other levels including the levels above and below where the pain is originating. Throughout the procedure, a radiologist and nurse will monitor your condition and comfort level closely.

Are there any risks or negative side affects?

You may experience numbness and/or relief from symptoms for 2-8 hours after the procedure due to the anesthetic. Once the local anesthetic effects have worn off, your usual symptoms may return and may be more severe for up to 5-7 days after the procedure.

Approximately 10-12% of those people who have undergone RF procedures experience elevated pain for up to four weeks, rather than improvement.

Improvement is usually noticed by the 2-3 week after the procedure. However, it may take up to four weeks before the beneficial effects of the RF Rhizotomy are noted and a decrease in symptoms is realized.



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	
<u>REFERRING PHYSICIAN INFORMATION</u>	<u>IMAGING PROVIDER INFORMATION</u>	
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.