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August 4, 2010

FOR IMMEDIATE RELEASE

New rule assists physicians who treat chronic pain patients

DES MOINES, IA – Iowa physicians have new practice standards for using injections and surgeries to diagnose and manage a patient’s persistent and intractable pain. The standards are outlined in a new administrative rule, which goes into effect today.

The rule, 653 IAC Chapter 13.9, defines interventional chronic pain management as the practice of medicine in the diagnosis, treatment and management of patients with pain-related disorders. Interventional techniques include needle placement in the spine and joints to inject drugs, analgesics and anesthetics, certain surgeries, and the use of fluoroscopy to assess the cause of a patient’s chronic pain.

Siroos Shirazi, M.D., chairperson of the Iowa Board of Medicine, says the rule addresses the Board’s concern for patients who undergo these high-risk interventional techniques in the fast-growth field of pain medicine. “Patients should expect a comprehensive diagnosis and evidence-based treatment modalities,” he said. “The rule defines the Board’s expectations for physicians who treat chronic pain patients with interventional techniques.”

The new rule culminates nearly two years of work by the Board, including the review of information from recognized medical authority, comments from stakeholders presented in writing or made at nine public meetings, and input from an ad hoc committee established to define interventional chronic pain management.

The new rule complements 653 IAC Chapter 13.2, which defines the standards of practice for physicians who prescribe or administer controlled substances to provide relief and eliminate suffering for patients with acute or chronic pain.

The following is text of the new rule:

Iowa Administrative Code 653—13.9 (147,148,272C) Standards of practice—interventional chronic pain management. This rule establishes standards of practice for the practice of interventional chronic pain management. The purpose of this rule is to assist physicians who consider interventional techniques to treat patients with chronic pain.

13.9(1) Definition. As used in this rule:

"Interventional chronic pain management" means the diagnosis and treatment of pain-related disorders with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain. Interventional techniques include percutaneous (through the skin) needle placement to inject drugs in targeted areas. Interventional techniques also include nerve ablation (excision or amputation) and certain surgical procedures. Interventional techniques often involve injection of steroids, analgesics, and anesthetics and include: lumbar, thoracic, and cervical spine injections, intra-articular injections, intrathecal injections, epidural injections (both regular and transforaminal), facet injections, discography, nerve destruction, occipital nerve blocks, lumbar sympathetic blocks and vertebroplasty, and kyphoplasty. Interventional chronic pain management includes the use of fluoroscopy when it is used to assess the cause of a patient's chronic pain or when it is used to identify anatomic landmarks during interventional techniques. Specific interventional techniques include: SI joint injections; spinal punctures; epidural blood patches; epidural injections; epidural/spinal injections; lumbar injections; epidural/subarachnoid catheters; occipital nerve blocks; axillary nerve blocks; intercostals nerve blocks; multiple intercostals nerve blocks; ilioinguinal nerve blocks; peripheral nerve blocks; facet joint injections; cervical/thoracic facet joint injections; lumbar facet injections; multiple lumbar facet injections; transforaminal epidural steroid injections; transforaminal cervical steroid injections; sphenopalatine ganglion blocks; paravertebral sympathetic blocks; neurolysis of the lumbar facet nerve; neurolysis of the cervical facet nerve; and destruction of the peripheral nerve.

13.9(2) Interventional chronic pain management. The practice of interventional chronic pain management shall include the following:

- a. Comprehensive assessment of the patient;
- b. Diagnosis of the cause of the patient's pain;
- c. Evaluation of alternative treatment options;
- d. Selection of appropriate treatment options;
- e. Termination of prescribed treatment options when appropriate;
- f. Follow-up care; and
- g. Collaboration with other health care providers.

13.9(3) Practice of medicine. Interventional chronic pain management is the practice of medicine.

[ARC [8918B](#) (ARC [8579B](#), IAB 3/10/2010), IAB 6/30/2010, effective 8/4/2010]