



Fields of Opportunities

STATE OF IOWA

CHESTER J. CULVER
GOVERNOR
PATTY JUDGE
LT. GOVERNOR

IOWA BOARD OF MEDICINE
MARK BOWDEN
EXECUTIVE DIRECTOR

February 5, 2010

FOR IMMEDIATE RELEASE

Board initiates new rule and offers advisory on interventional chronic pain management

DES MOINES, IA -- The Iowa Board of Medicine today (February 5, 2010) approved the filing of a new administrative rule that establishes standards for the practice of interventional chronic pain management (ICPM).

The Board's approval of the rule came after more than a year of discussion and study of how best to address patient safety concerns associated with the high-risk procedures used in managing subacute, chronic, persistent and intractable pain. The Board, correspondingly, approved a draft advisory to educate health care consumers and health care providers about the selection of an ICPM provider.

The proposed rule defines ICPM as the practice of medicine in the diagnosis, treatment and management of patients with pain-related disorders. The proposed rule complements the Board's existing rule on prescribing or administering controlled substances for the treatment of patients with chronic, nonmalignant pain.

The draft advisory notes that ICPM is not solely associated with the performance of selected interventional procedures, but also encompasses a comprehensive patient assessment, diagnosis of the cause of pain, evaluation of alternative treatment options, selection of appropriate treatments, and follow-up care.

The proposed rule will be filed next week with the Iowa Administrative Code Office to begin the rule-making process, with a public hearing on the measure likely in late March or early April.

Listed below are the proposed rule and the draft patient safety advisory:

Approved 2/5/2010 by the Iowa Board of Medicine

To be filed 2/19/2010 with the Administrative Code Office as a notice of intended action.

653—13.8(148, 150, 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.

13.8(1) Definitions. As used in this rule:

“Interventional chronic pain management” means the diagnosis and treatment of pain-related disorders primarily with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain. Interventional pain techniques include percutaneous (through the skin) needle placement. Drugs are then placed in targeted areas, nerves are ablated (excised or amputated), or certain surgical procedures are performed. Procedures often involve injection of steroids, analgesics, and anesthetics and include: lumbar, thoracic, and cervical spine injections, intra-articular injection, intrathecal injections, epidural injections (both regular and transforaminal), facet injections, discography, nerve destruction, occipital nerve blocks, lumbar sympathetic blocks and vertebroplasty, 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 it is used to identify anatomic landmarks during interventional procedures. Specific procedures include: SI joint injection; spinal puncture; epidural blood patch; epidural injection; epidural/ spinal injection; lumbar injection; epidural/ subarachnoid catheter; occipital nerve block; axillary nerve block; intercostals nerve block; multiple intercostals nerve block; ilioinguinal nerve block; peripheral nerve block; facet joint injection; cervical/ thoracic facet joint injection; lumbar facet injection; multiple lumbar facet inject; transforaminal epidural steroid; transforaminal cervical steroid; sphenopalatine ganglion block; paravertebral sympathetic block; neurolysis of lumbar facet nerve; neurolysis of cervical facet nerve; and destruction of peripheral nerve.

13.8(2) *Interventional chronic pain management.* The practice of interventional chronic pain management should 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.

13.8(3) *Practice of medicine.* Interventional chronic pain management is the practice of medicine.

DRAFT

Approved 2/5/2010 by the Iowa Board of Medicine

IOWA BOARD OF MEDICINE PATIENT SAFETY ADVISORY

Selection of an Interventional Chronic Pain Management Provider

Patient safety advisories are intended to educate health care consumers and health care providers about the safe practice of medicine. Advisories are not intended as standards, guidelines or absolute requirements. These advisories are subject to periodic revision as warranted by the evolution of medical knowledge, technology and practice. This patient advisory is not a legally binding opinion of the Board, but is only intended to provide guidance to physicians and the public. The Board may make formal policy only through administrative rules, declaratory orders or contested case decisions.

Definition:

Interventional chronic pain management, as defined by the National Uniform Claims Committee, is the diagnosis and treatment of pain-related disorders primarily with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain.¹ Interventional chronic pain management techniques include percutaneous (through the skin) needle placement. Drugs are then placed in targeted areas, nerves are ablated (excised or amputated), or certain surgical procedures are performed. By way of example, procedures often involve injection of steroids, analgesics, and anesthetics and include: lumbar, thoracic, and cervical spine injections, intrathecal injections, epidural injections (both regular and transforaminal), facet injections, discography, vertebroplasty, kyphoplasty, nerve destruction, occipital nerve blocks, and lumbar sympathetic blocks. Specific procedures include: SI joint injection; spinal puncture; epidural blood patch; epidural injection; epidural/ spinal injection; lumbar injection; epidural/ subarachnoid catheter; occipital nerve block; axillary nerve block; intercostals nerve block; multiple intercostals nerve block; ilioinguinal nerve block; peripheral nerve block; facet joint injection; cervical/ thoracic facet joint injection; lumbar facet injection; multiple lumbar facet inject; transforaminal epidural steroid; transforaminal cervical steroid; sphenopalatine ganglion block; paravertebral sympathetic block; neurolysis of lumbar facet nerve; neurolysis of cervical facet nerve; and destruction of peripheral nerve.

Interventional chronic pain management is not merely the performance selected interventional procedures. Quality interventional chronic pain management requires the training and expertise to perform a comprehensive patient assessment, diagnosis of the cause of pain, evaluation of alternative treatment options, selection of appropriate treatment(s) and follow-up care. Interventional chronic pain management involves complex interactive procedures which require continuing adjustments. These procedures are used to assess the cause of a patient's chronic pain, as a therapeutic modality of treatment, and as a basis on which to recommend additional

¹ Manchikanti, L. Medicare in interventional pain management: A critical analysis. Pain Physician. 2006;9: 171-197.

treatment, including the need for surgical intervention and repeated or additional treatments. It is not the procedures themselves, but it is the “the purpose and manner in which such procedures are utilized” that demand direct and immediate medical judgment.

Risks:

Interventional chronic pain management carries serious risks: infections, brain damage, paralysis, or, even death.² The assessment of risks of invasive procedures must always be taken into account. The performance of epidural steroid injections, for example, for a herniated disk, may be associated with a multitude of side effects and complications including weight gain, immune system suppression, spinal headache, nerve damage or even paralysis.³ Issues of concomitant use of anticoagulants and the appropriate management of these when performing spinal or perispinal injections remains a paramount concern as well.

Physician education and training in interventional chronic pain management:

The practice of interventional pain management has been established as a separate and distinguished subspecialty of medicine in medical schools and in medical residencies and fellowships throughout the United States for decades. Established academic medical centers have pain medicine training programs within numerous medical specialties, and these training programs are recognized for eligibility for board certification and are recognized by the American Medical Association. Physicians who specialize in interventional chronic pain medicine are required to have a minimum of twelve years of graduate education and some have up to sixteen years of documented education.

Interventional chronic pain management training involves intensive medical training and education in academic and other medical centers by physicians who are themselves certified as physician pain medicine specialists.⁴ The duration of pain management training exceeds by at least one year the intensive medical residency period, adding one to two years to the duration of supervised medical interventions and treatments involving full-time patient care and responsibility as well as participation in research.

Upon completion of pain management residency training, pain physicians are certified by the American Board of Interventional Pain Physicians (ABIPP). This board is recognized by the American Board of Medical Specialties (ABMS). The ABIPP certification exam exclusively tests the physician’s knowledge regarding pain assessment (5%), diagnostic testing (5%), pain syndromes (15%), interventional techniques (15%), and other issues related to the practice of pain management.⁵

Patient Advisory – Selection of an Interventional Chronic Pain Management Provider:

Interventional chronic pain management is an emerging field. The Iowa Board of Medicine believes that the safe practice of interventional chronic pain management requires appropriate education, training and expertise. Patients seeking such care should evaluate the provider’s education, training, credentialing, and experience to safely provide interventional chronic pain management.

² *Timothy Wayne McDuell v. Health Care Indemnity, Inc.*, 2001-0057, Medical Review Panel Proceeding, State of Louisiana.

³ *Id.*

⁴ ACGME Program Requirements for Fellowship Education in Pain Medicine. July 1, 2007.

⁵ Web. ABIPP Information Bulletin for Certification as Fellow for Interventional Pain Practice. <http://www.abipp.org/forms/diplomate/default.aspx>. Retrieved December 3, 2008.