

DRAFT POLICY * DRAFT POLICY * DRAFT POLICY * DRAFT POLICY

The Iowa Board of Medicine continues to explore an effective way to address patient safety concerns in the diagnosis and treatment of pain-related disorders primarily with the application of high-risk interventional techniques in managing subacute, chronic, persistent, and intractable pain. In April 2009, Board posted on its Website a draft policy statement and encouraged public comment on that statement. In May 2009, the draft statement was revised (below).

At its September 2-3, 2009, meeting, the Board will continue its discussion of chronic interventional pain management, which may include consideration of proposed rules and/or revision to the May 2009 draft policy statement. (See July 10, 2009, press release, "Board continues to discuss chronic interventional pain management").

--

****DRAFT**DRAFT**DRAFT**DRAFT**DRAFT**DRAFT**DRAFT****

May 2009

A policy statement is not a legally binding opinion of the Board, but is only intended to provide guidance to the public. The Board may make formal policy only through administrative rules, declaratory orders or contested case decisions.

A Policy Statement on Chronic Interventional Pain Management

Approved by the Iowa Board of Medicine on _____.

This policy statement 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

Chronic interventional 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 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. By way of example, 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

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

transforaminal), facet injections, discography, vertebroplasty, kyphoplasty, nerve destruction, occipital nerve blocks, and lumbar sympathetic blocks. Interventional pain management may also include the use of fluoroscopy as an integral component of the management process.

Diagnosis and Treatment

Chronic interventional pain management involves interactive procedures in which the physician is called upon to make continuing adjustments, noting that it is not the procedures themselves, but it's the "the purpose and manner in which such procedures are utilized" that demand the ongoing application of direct and immediate medical judgment that constitutes the practice of medicine. 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 treatment, including the need for surgical intervention and repeated or additional treatments. Often times it is appropriate to perform a different chronic interventional pain management procedure than prescribed by the referring physician based on the pathophysiology of the patient and the determination that a patient would be unable to withstand the prescribed procedure. In order to practice competent chronic interventional pain management the provider must understand the particular history of the patient, which includes a complete neurological, musculoskeletal and psychological assessment, as well as review of the available diagnostic studies (both pre-procedure images and those obtained during the actual performance of the procedure). Only then can the provider develop a proper treatment plan which may or may not differ from the referring physician's order.² Chronic interventional pain management requires constant medical diagnosis and judgment. Interpretation must occur during the performance of chronic interventional pain management. The education, training and skill of the provider are paramount in the performance and interpretation of chronic interventional pain management.

Risks

Interventional pain medicine carries serious risks: infections, brain damage, paralysis, or, even death.³ The assessment of risks of invasive procedures must always be taken into account. The performance of a "simple" epidural steroid injection, 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.⁴ Issues of concomitant administration of anticoagulants and the appropriate management of these when performing spinal or perispinal injections remains a paramount concern as well. Complications associated with performing these procedures without proper training arise not only from the procedures themselves, but from mismanagement of the patient as well.⁵ Allied health care practitioners, including certified registered nurse anesthetists, and others, do not possess the medical training or, therefore, the requisite knowledge or equivalent skills to perform the above in a safe and competent manner.

² *Spine Diagnostics Center of baton Rouge, Inc. v. Louisiana State Board of Nursing*, 2008 WL 5351729, p. 14 (La.App. 1 Cir.)

³ *Timothy Wayne McDuell v. Health Care Indemnity, Inc.*, 2001-0057, Medical Review Panel Proceeding, State of Louisiana.

⁴ *Id.*

⁵ *Id.*

Chronic interventional pain management constitutes the practice of medicine.

Education and training of physicians and osteopathic physicians.

The practice of chronic interventional pain medicine 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 subspecialties, and these training programs are recognized for eligibility for board certification and are recognized by the American Medical Association (AMA) or approved by the American Osteopathic Association (AOA).

Chronic interventional pain medicine training involves intensive medical training and education in academic and other medical centers by physicians who are themselves certified as physician pain medicine specialists.⁶ 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 a pain management residency, pain physicians are certified by a certifying body such as the American Board of Anesthesiology, the American Board of Physical Medicine and Rehabilitation, or the American Board of Psychiatry and Neurology or an AOA approved residency in anesthesiology and subspecialty training in pain management. These boards are recognized by the American Board of Medical Specialties (ABMS). The certification exam tests the physician's knowledge regarding anatomy, neuroanatomy and function, pain states, diagnosis and therapy, pharmacology and other issues related to the practice of pain management.⁷

M.D.s and D.O.s trained in the complexities of the chronic interventional pain management would all agree that it is nearly impossible to learn the proper medical indications for such procedures as well as to become proficient in the technical requirements necessary to perform these tests without completing an allopathic or osteopathic medical school and a specialized residency or fellowship training. Continuing medical education courses do not provide sufficient in-depth preparation to become proficient in chronic interventional pain management. Non-M.Ds/D.Os cannot perform chronic interventional pain management with comparable quality or with the same diagnostic acumen as medically trained physicians. These procedures require a foundation of medical knowledge in order to select and interpret appropriate diagnostic studies and correlate them to a medical diagnosis upon which additional medical or surgical interventions may be recommended.

Access

⁶ ACGME Program Requirements for Fellowship Education in Pain Medicine. July 1, 2007.

⁷ Web. American Board of Anesthesiology Pain management Specifications.
<http://www.theaba.org/pdf/PMContentOutline> retrieved April 21, 2009.

The Board reviewed state maps demonstrating the location and availability of pain management specialists throughout Iowa and along its bordering states. The maps show that approximately 90 percent of Iowa's population is within 30 to 45 miles of chronic interventional pain management treatment, and the remaining 10 percent is within 60 to 80 miles. Chronic pain by its own terms (nature) does not require emergency treatment; rather, it has time to be treated. The availability of such treatment at the hands of trained specialists is more than sufficient to meet our rural citizen's needs, while at the same time removes the risk of patients receiving such treatment from unqualified practitioners.

Conclusion

Physicians and osteopathic physicians are trained to diagnose and treat pain using a myriad of diagnostic techniques and a wide variety of treatment modalities. Advanced specialty training in chronic interventional pain management allows for sufficient education in pain, pain management and related areas, *e.g.*, radiology, that supports the proper performance of chronic interventional pain management. Other health care professions, lack the breadth or depth of education and expertise that physicians and osteopathic physicians possess in chronic interventional pain management. For this reason the Board finds that specialty trained physicians and osteopathic physicians credentialed, and actively engaged in, chronic interventional pain management are the most prepared to offer safe chronic interventional pain management.

The Board recognizes that other health care professionals, have a great deal to offer in the treatment of pain and the Board encourages physicians to work cooperatively with these other health care professionals. However, due to the inherent risks involved in chronic interventional pain management and the limited education and training possessed by other health professionals, the Board finds that other professionals performing chronic interventional pain management procedures should do so only under the supervision of a physician or osteopathic physician who is specialty trained and actively engaged in the practice of this subspecialty. Physicians and osteopathic physicians considering such supervision should have an appropriate understanding of the other health care professional's training and experience in the proposed procedures.

A policy statement 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.