

Epidural Steroid Injections: Use and Abuse

For those of you not aware, it takes about 10 years before scientific literature of medicine actually trickles down to the clinical practice of medicine. Those of us who actually read the research see this gap nearly every day. It's shocking how long it takes for doctors to adopt the findings of the medical literature into their practices. A perfect example is the use of epidural steroid injections (ESI) for disc and spine related pain.

There is no question that ESIs are helpful for many people with spine conditions such as discogenic pain, disc herniation, central and foraminal stenosis and other spinal conditions. Just ask those patients who finally gain some relief from the procedure. The question is if it's a cost effective and long term solution and if the protocols followed are logical and reasonable. You should know that ESIs do absolutely nothing to correct the anatomical lesions associated with a cord compression, root compression or other anatomical or mechanical sources of the pain. However, the steroids do reasonably address the resulting inflammatory process. It is for this reason that ESIs are a valuable option for pain control only.

Despite the pain relief benefit, over the past few years the uses of ESIs have been consistently slammed in the medical literature. In fact, a recent Cochran Report did a meta-analysis of cervical and lumbar ESIs and found that, for the most part, they do not change the long term outcome whatsoever. Those patients needing surgery ultimately underwent surgery.

From my perspective, there are 2 main concerns as a referring physician, an attorney, a consumer or as a patient. Most pain doctors follow an "accepted" protocol which includes three successive ESI procedures. All three are scheduled from the onset, without consideration of how the patient may respond. Since the procedure is not curative and primarily palliative it should be used only to control or eliminate the pain and then be stopped. Many people have good results from one procedure. Others require 2 for benefit. Others may require three but to schedule all three up front suggests to me that it is driven by revenue rather than by clinical necessity.

The second issue is the shotgun approach used by many pain doctors. Having done numerous file reviews on spine related pain patients, I see some pain doctors who either use every pain procedure under the sun at once or jump from procedure to procedure and side to side with no regard to the clinical presentation or response to the interventions. If multiple procedures are done at once and they work, there is no way to know which of the procedures worked for future injection needs. I recall one case of a patient who underwent a series of 6 ESIs using various approaches, followed by 3 sessions of medial branch blocks at multiple levels each time, followed by sacroiliac injections on both sides followed by bilateral intra-articular hip injections. Besides having a bill approaching \$50,000 none of the procedures benefited the patient and there was no clinical logic behind the approach. How about making an accurate diagnosis before jumping in and sticking needles everywhere?

For clarification, I am a big supporter of pain management. I refer regularly and would want it for myself if am suffering. I'm just not a big supporter of what I see as becoming the norm. Some providers seem to have lost sight of patient centered care and perform procedures with out proper examinations or clinical support. That's why my suggestion to you is you make sure your clients are seeing providers that have a proven track record of being ethical, patient centered and conservative in the use of their tools. As important, make sure they charge reasonably and don't abuse your client because they think they found another PI golden goose. This gatekeeper approach should apply to all of your clients' providers and not just the pain management doctor.