In response: Interventional Pain Management and ACOEM Guidelines

TO THE EDITOR:

We appreciate the comments on ACOEM guidelines from Brown et al (1), Jasper (2), Bedder (3), and Riegler et al (4) in response to our articles on ACOEM guideline synthesis, process, implications, and reassessment (5-7). These manuscripts were published in response to onerous guidelines published by ACOEM and implemented in many states (8,9). The potential implications of these guidelines are widespread by reducing quality of care, hindering access to medical care, and finally, these guidelines in fact may increase cost for injured workers, third party payors, and the government by transferring the injured worker into a non-productive disability system (5). The ACOEM guidelines for interventional pain management have no applicability in modern patient care due to lack of evidence, lack of expertise by the developing organization (ACOEM), lack of utilization of appropriate and current EBM principles, lack of significant involvement of experts in these techniques, and more importantly with scores in the range of 30% — not suitable for clinical practice, by standardized criteria (6,7,10).

Unfortunately, with all the reviews, letters, congressional inquiries (11,12), the response from the authors (13) has not addressed any of the questions raised. In addition, the expert evaluation from Genovese published in *APG Insights* (14) also failed to provide an open forum for discussion.

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- Response Letter from Robert K. McLellan, MD, President of the American College of Occupational & Environmental Medicine (ACOEM) to Todd Sitzman,
- MD, MPH, President, American Academy of Pain Medicine; Andrea Trescot, MD, President, American Society of Interventional Pain Physicians; Milton Landers, DO, PHD, President, International Spine Intervention Society; Jaimie Henderson, MD, President, North American Neuromodulation Society; and Joshua Prager, MD, Past President, North American Neuromodulation Society. February 19, 2008.
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