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Letters to the Editor

Interventional Techniques in the Management of Chronic Pain: Part 2.0

To the Editor:

I am writing to comment on Interventional Techniques in the Management of Chronic Pain: Part 2.0, published in the January issue of *Pain Physician*.

Evidently the philosophy of the society is definitely to provide a framework that can be applied to the practice of pain medicine from an interventional point of view.

Given the large and varied numbers of providers in the speciality of pain, a treatment consensus has been difficult to establish for any given type of pain.

The authors have dedicated an enormous amount of time to collect data, references and perhaps even anecdotal information about the management of pain syndromes.

It is only by efforts like this that the practice of pain medicine can reach some respect from our medical colleagues, and most importantly, from third party payers.

The insurance industry looks at pain with some degree of skepticism, this the result of having so many specialities participating in the management of patients with chronic pain without any direction or guidance.

The future of our speciality lies most certainly in the practice of evidence based medicine, which is what ASIPP is trying to achieve by this effort.

The authors of this document are to be commended for their dedication, interest and passion to improve the quality of pain medicine and in particular, interventional pain medicine.

I would recommend that a presentation be prepared that can be delivered to professional groups in specialties related to pain medicine, and of course to representatives of the insurance industry. This could represent an important educational motion, which will eventually result in better practice parameters.

Sincerely,

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Effect of Sedation on Validity of Diagnostic Facet Joint Injections

To the Editor:

I enjoyed reading the April issue of *Pain Physician*.

Manchikanti et al's article Contribution of Facet Joints to Chronic Low Back Pain in Postlumbar Laminectomy Syndrome: A Controlled Comparative Prevalence Evaluation (Pain Physician 2001; 4:175-180) was interesting. However, the authors used sedation with the block. There was a paper presented at the International Spinal Injection Society (ISIS) on the high false positive rate for facet nerve injection if sedation is used. I have had this experience. I used to give most patients 2 mg midazolam and 100 mcg of fentanyl for such injections. However, a man with post op axial pain came in for medial branch blocks. Each time we used sedation. Each time we looked at his lumbar range of motion standing before and after the block. Prior to block he could stoop forward about 30 deg with pain and extend minimally. Post block he could touch the floor and extend nicely. He went on to rhizotomy but failed to improve. I brought him back and just gave the sedation without any block. His range of motion and pain reports were identical to the differential local anesthetic blocks. I would therefore propose that these studies may need to be repeated in one of two ways; without sedation, or with placebo when sedation is used.