

In this issue:



► Cervical Epidural Injections for Chronic Neck Pain

PAGE 1



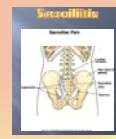
► Staff & Service Updates; CCPM at the "Hen House"; Fall Programming

PAGE 2



► Epidural Steroid Injections for Chronic Low Back Pain

PAGE 3



► CCPM presents to NOCA

PAGE 4

Pain Perspectives

A quarterly publication of

❖ The Comprehensive Centers for Pain Management, including Toledo Pain Services, West Central Surgical Center, and Bayside Center for Pain Management
September 2009 - Volume 2, Number 4

Our Quarterly Feature for Health Professionals

CCPM FOCUS Cervical Epidural Injections for Chronic Neck Pain*

Chronic neck pain, a common problem among adults, has been recognized as a source of disability in the working population and has a significant economic, societal and health impact. Cervical epidural injections for managing chronic neck pain are one of the commonly performed interventions in the United States.

Cervical epidural injections have been used to treat radicular pain derived from many sources. Epidural injections in the cervical spine are performed either by interlaminar or transforaminal approaches. Benyamin et al from the University of Illinois performed a systematic review to evaluate the effect of cervical interlaminar epidural injections in managing chronic neck and upper-extremity pain.

Multiple studies were analyzed to determine the effectiveness of cervical interlaminar epidural injections with or without steroids. Of the 3 randomized trials evaluating cervical interlaminar epidural steroid injections, all showed positive results for short-term relief, 2 were positive for long-term relief and the results for long-term relief were not available from 1 study.

In most cases, patients achieved long-term pain relief (longer than 6 months) with improvement in functional status, ability to return to work and a reduction in opioid intake. Thus, cervical interlaminar epidural injections were shown to be effective in relieving chronic intractable pain of cervical origin, providing long-term relief.

The complications associated with the administration of interlaminar epidural injections are few in number and usually minor. The most common complications may be associated with inaccurate needle placement and drug administration.

Among the studies included in the review was a randomized trial by Pasqualucci et al (Clin J Pain 2007) that evaluated the efficacy of local anesthetics + steroids for cervicobrachial pain. The results suggested that continuous epidural local anesthetic + corticosteroid has greater efficacy than single injection of these drugs for the treatment of chronic cervicobrachial pain of longer than 6 months (Table 1).

The evidence for cervical interlaminar epidural steroid injections is Level II-2, based on U.S. Preventive Services Task Force criteria. The recommendation for cervical interlaminar epidurals is 1C (strong recommendation), although this may change if higher-quality evidence becomes available.

Table 1. Summary of published studies of effectiveness of cervical interlaminar epidural steroid injections

Study	Study design	Methodologic quality scoring	Number of participants	Pain relief			Outcome	
				3 months	6 months	12 months	Relief ≤6 months	Relief >6 months
Castagnera et al 1994	Randomized	55	Local anesthetic with steroids (14) Local anesthetic with steroids and morphine (10)	79%	79%	79%	Positive	Positive
Stav et al 1993	Randomized	50	Control (17) Treatment (25)	12% vs 68%	12% vs 68%	12% vs 68%	Positive	Positive
Pasqualucci et al 2007	Randomized	56	Pain >180 days: Single (20) Continuous (20)	NA	58% vs 74%	NA	Positive	NA

NA, not available.

*Benyamin R, Singh V, Parr AT, et al. Systematic review of the effectiveness of cervical epidurals in the management of chronic neck pain. *Pain Physician* 2009;12:137-157 (Ed. by 2009 Report on Interventional Pain Management).
~ Submitted by William James, M.D., CCPM Medical Director

Our Practitioners

William G. James, Jr., M.D.

Medical Director, American Board of Pain Medicine
American Board of Anesthesiology

Howard Black, M.D.

American Board of Anesthesiology, Diplomate, American
Academy of Pain Management

Nadeem Moghal, M.D.

American Board of Anesthesiology, Sub-Specialty
Certification in Pain Management

James Weiss, M.D.

American Board of Pain Medicine, American Board of
Anesthesiology with Qualifications in Pain Management

Debra K. Wenzke, R.N., B.S.N., M.S.N., C.N.P.

Lisa Wonnell-Chizmar, R.N., B.S.N., M.S.N., C.N.P.

Heidi Conklin, R.N., B.S.N., M.S.N., C.N.P.

Christine Davis, R.N., C.R.N.A.

Linda Hohenberger, R.N., C.R.N.A.

“Team CCPM” Scores a WIN at Toledo Mud Hens outing!

The entire staff enjoyed a night at the “Coop” early this past summer, and what a night it was! Dr. Bill James was set to throw out a ceremonial first pitch; instead he gave his son his start in the big leagues. Marie Masztak, VP of Nursing, had her name in lights, and Dr. Nadeem Moghal & family along with all of the CCPM staff cheered the Hens to a victory against Pawtucket.



Staff & Service Offering Updates

CCPM Updates Patient Contact Protocols

We appreciate the many referrals we receive from our colleagues in the community, and strive to respond to requests for consultation or evaluation appointments within 1-2 business days. Once a call has been made to us from a referring practice, or we receive a Fax Referral Form, we always attempt to reach the patient by phone at least 3 times. We have also recently implemented a policy to send letters to both the patient and the referring physician if we have been unable to make contact after these attempts. This ensures that we extend the courtesy of informing our referral sources that we have followed up to the best of our ability.

Client Satisfaction Surveys Provide Important Feedback

Several times per year we survey our referring clients so that we can maintain the highest standards of quality care and service. The results are also used in our re-certification visits by the Accreditation Association for Ambulatory Health Care (AAAHC) surveyors, who audit our West Central Surgical Center every several years.

This fall we will make another round to various practices who refer to us for survey purposes. We also strive to include the survey forms in the informational packets we hand out. Please take a few moments to respond to our representative, or, to fill out the forms and fax them in to us at (419) 843-1362. *If you would like to respond to our latest survey request and do not have the latest form, please call our Senior V.P. of Nursing, Marie Masztak, at 419-843-1369, ext. 115.*

Electronic Referral Process Available

CCPM now offers the capability of sending referrals to us electronically (via e-mail). Earlier this year we developed a “tab-through, fill-in the blanks only” form that we have provided to several requesting offices. *If you are interested in utilizing this time- and paperwork-saving capability, please contact Marie Masztak at 419-843-1369, ext. 115.*

Upcoming Educational Programs

The physicians & staff of CCPM are always pleased with the opportunity to participate in programs for professional organizations to provide education on pain management issues. We have provided speakers over the years for, among others, The Arthritis Association, Crohn's & Colitis Foundation, the NW Ohio Gerontological Association, ProMedica Health System CME programs, Case Manager/Social Work forums at UTMC, Flower Residency Programs, and NOCA (see page 4).



This fall, Dr. William James will be speaking at the following events:

Mercy St. Anne Hospital Clinical Symposium:

“Safe and Effective Solutions for Common and Difficult Pain”

Friday, November 6: Mercy St. Anne Conference Center, 8:00a.m.-1:45p.m.

Open to Mercy Health System physicians and staff, and presented by the Mercy St. Anne Hospital CME Committee, chaired by Dr. Ronald Shapiro.

For more information, please call 419-407-2413, or 419-407-2580.

Northwestern Ohio Self-Insurers Association Medical/Legal Seminar

Thursday, November 19: Holiday Inn French Quarter

NWOSIA is a professional association of self-insured employers, workers compensation administrators, and associated agencies serving NW Ohio. NWOSIA was founded to provide a forum to help in the development of its members' self-insured programs. This annual Medical-Legal Seminar is an all-day event, open to all who are involved in self-insured/BWC matters, or those who wish to refresh their skills.

For more information, please call or e-mail Mary Folck, NWOSIA Secretary, 419-244-6788, or mfolck@bugbee-conkle.com.



Epidural Steroid Injections for Chronic Low Back Pain*



Clinicians have often used injections of corticosteroids in the epidural space of the spine (epidural steroid injections [ESIs]) as a treatment option for patients with chronic low back pain (CLBP) to help relieve their pain and improve their function. DePalma from Virginia Commonwealth University and Slipman from the University of Pennsylvania reviewed the management of back pain with ESIs. The 3 types of ESIs are

- *caudal ESI (CESI),
- *interlaminar ESI and
- *transforaminal ESI (TFESI).

CESI is performed by placing a spinal needle into the sacral epidural space by way of the sacral hiatus. CESIs rarely reach the ventral epidural space or move higher than the L5–S1 segmental level because the sacral epidural space must be filled before the injected medication reaches the lumbar region. As in all interventions, these injections should be performed by a physician qualified in the safe and competent administration of these procedures. All ESIs should be performed with ready access to intravenous fluids and cardiac and pulse oximetry monitoring.

Due to their anti-inflammatory properties, corticosteroids, with the addition of local anesthetics, may provide a therapeutic benefit when injected. A study conducted by Manchikanti et al (2002) found that those patients with discogenic CLBP who received CESIs had a more than 50% reduction in pain achieved at 6 months after completing 1–3 such injections.

Certain medications need to be stopped before undergoing ESIs, in particular, anticoagulants (unless advised otherwise by the clinician). Some potential side effects and complications may arise as a result of needle placement, type of medications injected and the use of x-ray guidance. These include bleeding, nerve trauma, vascular insults, and infection near the injected site or dural puncture, but all of these are very uncommon (Table 2).

The authors found that ESIs appear to be a reasonable treatment option for selected patients with CLBP unresponsive to physical therapy, anti-inflammatory medications and other interventions. Based on the assumption that inflammation may cause pain emanating from a lumbar intervertebral disc, corticosteroids injected into the anterior epidural space through TFESIs in certain patients may be the best approach to help reduce the pain.

Table 2. Side effects associated with ESIs

Side effect	Incidence (%)
Increased injection site pain	17.1
Increased radicular pain	0.6–8.8
Light-headedness	6.5
Increased spine pain	2.4–5.1
Nausea	3.7
Nonpositional headache	1.4–3.1
Vomiting	0.5
Facial flushing	1.2
Vasovagal reaction	0.3
Increased blood sugar	0.3
Intraoperative hypertension	0.3

***DePalma MJ, Slipman CW. Evidence-informed management of chronic low back pain with epidural steroid injections. Spine J 2008;8:45-55 (ed. by 2009 Report on Interventional Pain Management). ~ Submitted by William James, M.D., CCPM Medical Director**



Let Key Private Bank help you with your personal and practice needs.

Kara Yokum
419.259.6198



Your patients trust you with their personal health. Count on us to nurture your financial well-being.

We're dedicated professionals just like you. And, we live and breathe the business of taxes and finances. Our team of CPA healthcare business specialists represents the largest number of multi-physician practices in NW Ohio—giving us the clear advantage for helping you develop financial and business strategies, tax savings options, and retirement and estate plans to help you get to where you want to be in life.

To understand why our clients appreciate the work we do, call us today.



WILLIAM VAUGHAN
COMPANY
Certified Public Accountants & Business Consultants



(419) 891-1040 • 1-800-267-0930
WWW.WVCO.COM

BOTTOMLINE INK

Printing, Copying, Forms Management	7829 Ponderosa Road Perrysburg, Ohio 43551	Copying Services
	419/897-8000 Ext. 219	Printing Services
	419/897-0966 Fax	HCEA Forms
Greg Loeb	419/265-0999 Cell	
Sales Development	gregl@bottomlineink.com	HCEA Envelopes



Pain Perspectives
A quarterly publication of:

❖ **The Comprehensive Centers
for Pain Management**

CCPM/West Central Surgical Center/Toledo Pain Services:

7053 W. Central Ave., Toledo, OH 43617
Phone: 419-843-1370; Fax: 419-843-1362

Other locations:

Bayside Center for Pain Management (Oregon):

2751 Baypark Drive, Suite 209
Phone: 419-693-9459; Fax: 419-693-9429

Findlay Pain Services:

Please use our toll-free number as we are currently modifying our facility & schedule in Findlay

TOLL-FREE: 1-877-44-NO-PAI(N)

Voluntary rounds at any area hospital

Patients generally scheduled within 1-2 business days

Virtually all insurance coverage accepted

Visit our website at www.cc4pm.com

(NOTE from the Editor, Jeri Shick, MBA: Please contact me if you have received this publication in error, or wish to be taken off of the mailing list: jbshick@yahoo.com)



To the personal attention of the medical community

Northwest Ohio Chiropractic Association
Serving Defiance, Fulton, Henry, Lucas, Williams, and Wood counties.

**CCPM provides keynote speaker
for August NOCA meeting**

On August 20, the Northwest Ohio Chiropractic Association (NOCA) held its most recent meeting at Nancy's Italian Restaurant, which was hosted by The Comprehensive Centers for Pain Management, Boston Scientific Corporation, and Jack Rogers & Associates. William James, Jr., M.D., CCPM's Medical Director, provided a presentation on the "Role of the Interventionalist in the Multidisciplinary Approach to Pain Management."



Dr. James presents to an "SRO" audience; NOCA's Vice President James Williams, D.C. & President Bill Frank, D.C. greet Dr. James

NOCA's mission is "to assist the individual Chiropractor to better serve the health and welfare of the citizens of Northwest Ohio by educating its members in scientific advancements of the profession and changes in relevant business environments; by cooperating with national and state Chiropractic associations; and by educating the public towards a better understanding of Chiropractic's place in the field of health."

The attendees received Continuing Education credits for participating. CCPM was pleased with the opportunity to meet with over 35 enthusiastic members of NOCA, and enjoyed a fun and rewarding evening!