Guidance on Epidural Spinal Injections

A portion of the information in the therapeutic epidural injection sections of the Low Back and Cervical Spine medical treatment guidelines (Section E. 3. a. i. C) - Frequency) can be read in a manner that was not intended and that might prevent care. Issues in interpretation have occurred regarding both the timing of therapeutic injections that follow diagnostic ones, and the circumstances under which repeat therapeutic injections may be acceptable. The intent of the DoWC was to allow the first *therapeutic* injection after a positive *diagnostic* response within 1-2 weeks of the *diagnostic* injection. *Therapeutic* injections are generally expected to result in 2 or more weeks of improvement in most cases. A positive patient response in this situation**,** as in all others**,** should be interpreted in light of the overriding general guideline principles. General Principle 6 (Section B.) states,

> "**POSITIVE PATIENT RESPONSE** results are defined primarily as functional gains that can be objectively measured. Objective functional gains include, but are not limited to, positional tolerances, range of motion (ROM), strength, endurance, activities of daily living, cognition, psychological behavior, and efficiency/velocity measures that can be quantified. Subjective reports of pain and function should be considered and given relative weight when the pain has anatomic and physiologic correlation. Anatomic correlation must be based on objective findings."

This principle is an essential element to be considered when determining whether treatment should be continued. It applies if the treatment request falls within or outside of the guidelines. When functional gain has been demonstrated this result should always take precedence over pain descriptions by the patient. Examples of functional improvement include increased tolerance for sitting, standing, walking, driving, lifting; advancement in therapeutic exercise; return to work with decreasing work restrictions; and observed increase in range of motion. As noted in the discography section (Section D. 2. d. vii. B) the most common reported pain by the patient should always be considered when interpreting the changes in the individual reported pain scale. Patients may report either higher or lower pain rating than expected for a multitude of reasons including concerns over whether the health care worker is taking their complaints seriously; familial patterns which over or under emphasize health concerns, lack of understanding of the pain scale perimeters and others.

Regarding the timing of the therapeutic injections, keep in mind the information provided under the diagnostic injection section, as well as the therapeutic epidural injection section. This information makes clear that the timing of the therapeutic injection is dependent on the duration of the local anesthetic used for diagnostic purposes (Section D. 2. b.):

> iii. The interpretation of the test results are primarily based on functional change, symptom report, and pain response (via a recognized pain scale), before and at an appropriate time period after the injection. The diagnostic significance of the test result should be evaluated in conjunction with clinical information and

the results of other diagnostic procedures. Injections with local anesthetics of differing duration may be used to support a diagnosis. In some cases, injections at multiple levels may be required to accurately diagnose low back pain/cervical conditions. (Refer to Section E.3. Injections – Therapeutic for information on specific injections.)