

The History and Future of Interventional Pain Medicine

As little as 40 years ago, the only investigations for spinal pain were radiography and myelography. The diagnoses were disc herniation and spondylosis. The only treatments were aspirin, physiotherapy, and surgery. Interventional pain medicine arose from this darkness because of a desire to pin-point better the source of pain, and to provide targeted treatment.

The achievements have been that it is now possible to diagnose cervical and lumbar disc pain, cervical and lumbar zygapophysial joint pain, third occipital headache, atlanto-axial joint pain, and sacroiliac joint pain. Transforaminal injection of steroids is a valid treatment for lumbar radicular pain. Radiofrequency medial branch neurotomy is the only treatment shown to completely abolish neck pain or back pain, in correctly diagnosed patients.

Despite this progress, the field is polluted and compromised lack of discipline. Interventional pain procedures variously require disciplined selection of patients, meticulous technique, and rigorous diagnostic protocols. Although these have been described in detailed Practice Guidelines, few practitioners bother to follow them. Most prefer to take shortcuts or use their own versions of the procedure, which have not been shown to work, and which fail to work. This brings the field into disrepute.

It is not surprising, therefore, that insurers and others seek to avoid paying for interventional pain procedures, even to have them banned. The future of interventional pain medicine is bleak for as long as physicians decline to follow guidelines for proven practice.