

Pain Group Heads Respond

Dear Editor:

As presidents and past presidents of leading interventional pain societies, we are writing to disagree with a recent response by the American College of Occupational and Environmental Medicine (ACOEM) to concerns we have raised regarding ACOEM's

recently published revision to its Low Back Chapter and soon-to-be published Chronic Pain Chapter.

First, ACOEM's process has excluded the very experts qualified to evaluate a wide range of interventional pain therapies. Despite ACOEM's contention that its chronic pain panel "was convened with representation from a broad variety of specialties to cover the diverse needs of pain patients," the process included only two pain physicians with uncertain expertise in interventional pain medicine.

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Significantly, it also omitted two leading pain intervention societies in its external review—the American Society of Interventional Pain Physicians (ASIPP) and the International Spine Intervention Society (ISIS). Further, only one of our organizations, the North American Neuromodulation Society (NANS), was invited to formally participate in the Low Back Chapter revision; none of NANS' substantive

recommendations was included in the final, published version of that document.

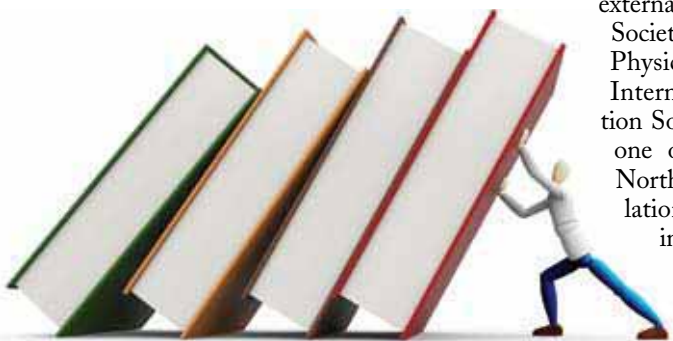
Given the extensive number of interventions evaluated by ACOEM—including highly complex subspecialty areas such as neuromodulation—it is difficult to understand how such limited representation constitutes a sufficient external review process.

Second, ACOEM contends that its practice guidelines “are not published in order to rigidly mandate treatments.” However, the efforts by ACOEM to achieve official recognition of its guidelines

as a presumptive standard for medical necessity and utilization review by state workers' compensation programs are well known—promoting the practical and legal effect of rigidly mandating treatments.

Third, ACOEM contends that it takes “a fundamentally conservative approach to care that is built upon the primary tenet of medicine—“first, do no harm.”” However, in recommending against therapies such as oral opioids and spinal cord neurostimulators (Low Back Chapter)—therapies with

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a long and established role in treating certain forms of chronic, intractable pain—ACOEM assumes that such interventions do harm. We strongly challenge this judgment because of the substantial evidence that they can alleviate the often unbearable suffering of well-selected pain patients.

Finally, we question ACOEM's fee-for-access approach to guidelines, which stands in contrast to leading medical societies that routinely disseminate clinical guidelines online, without charge, on topics within their clinical expertise.

Unfortunately, substantial disagreements remain over the process used to create the ACOEM Low Back and Chronic Pain Guidelines. We certainly invite a continuation of this dialogue; however, without a substantial change in ACOEM's process of guideline development and dissemination, we have no choice but to oppose their use by public and private payers.

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*The authors have responded to directly to ACOEM
and have made their more detailed comments available
through the Neuromodulation Therapy Access Coalition's
Web site: www.neuromodulationaccess.org.*