**Epidural/Selective Nerve Root Blocks Voting Results**

**Voting is average and rounded to nearest whole number. The range is the difference between the lowest and highest vote. Voting is based on confidence clinical literature supports the question.**

1. **Not at all confident**
2. **Not so confident**
3. **Somewhat confident**
4. **Very confident**
5. **Extremely confident**

Selection of patients for epidural injections

1. Do you agree the clinical literature supports the following definition of radicular pain?

 Radicular pain = Radicular pain is nerve root pain radiating from the affected spinal segment in a distribution concordant with the known distribution of the nerve root. Yes or No?

 Voting Yes (100%)

1. What is your level of confidence that the evidence supports the benefit of epidural steroid injection outweigh risk for radicular pain? Score (1-5)?

Voting= 5/5 (range=2-5)

1. Do you agree the evidence supports that “radicular pain” should be concordant with a radiologist’s interpretation of an advanced diagnostic imaging study (MRI or CT) of the spine demonstrating compression of the involved named spinal nerve root(s)? Score (1-5)?

Voting= 2/5 (range 1-4)

1. Rate your confidence in the evidence provided to support the use of epidural steroid injections for the following conditions? If you are confident (≥3.0), Please cite references.

|  |  |
| --- | --- |
| **Condition**  | **Score (1-5)** |
| Axial spine pain or discogenic pain | 3 (range 1-5) |
| Lumbar central spinal stenosis | 4 (range 2-5) |
| Foraminal stenosis |  4 (range 1-5) |
| Subarticular stenosis | 4 (range 1-5) |
| Nonspecific low back pain | 1 (range 1-2 ) |
| Post-Laminectomy pain syndrome | 3 (range 1-5 ) |
| Non-organic back pain | 1 (range 1-2) |
| Widespread diffuse pain | 1 (range 1-2) |
| Complex regional pain syndrome | 2 (range ) 1-3 |
| Post herpetic neuralgia  | 2 (range 1-3) |
| Acute herpes zoster | 3 (range 1-5) |
| Traumatic neuropathy of the spinal nerve roots | 2 (range 1-3) |
| Intractable and severe pain secondary to neuropathy from other causes (e.g., diabetic or metabolic) | 2 (range 1-3) |
| Severe, intractable pain in patients with advanced stages of cancer with estimated life expectancy of 4 months or less. | 2 (range 1-5) |
| Cervicogenic headaches | 3 (range 1-5 ) |
| Cervicobrachialgia | 4 (range 1-5) |
| Facet synovial cysts | 3 (range 1-5) |
| Epidural lipomatosis | 2 (range 1-4) |

1. What level of confidence do you have that the evidence supports a period of conservative management prior to treatment with an epidural injection? Score 1-5

 Voting= 3/5 (range 2-5)

1. What level of confidence do you have that the evidence supports there should be documented pain relief failure of at least two (2) classes of medications[[1]](#footnote-1) prior to patients receiving an epidural procedure? Score 1-5?

 Voting= 2/5 (range 1-5)

 Medication classes would consist of: NSAIDs, opiates, non-opioid analgesics, anti-epileptic medications used for treatment of chronic pain, antidepressant medications used for treatment of chronic pain, ASA or ASA derivatives, muscle relaxants, steroids, or documented contraindication to each of these drug classes

1. What level of confidence do you have that the evidence supports the following are considered contraindications to epidural injections? Are there any additional limitations that must be considered for the safety of this procedure? If Yes, please describe?

|  |  |
| --- | --- |
| **Condition** | **Score (1-5)**  |
| Medically controlled Coagulopathy  | **3 (range 1-5)** |
| Concurrent systemic infection | 4 (range 2-5) |
| Infectious spondylitis | 4 (range 1-5) |
| Acute spinal cord compression | 4 (range 1-5) |
| Acute myelopathy or cauda equina syndrome | 4 (range 1-5) |
| Inability to obtain informed consent from patient, healthcare surrogate or legal guardian | 5 (range 2-5) |
| Infection at the skin puncture site | 4 (range 2-5) |
| Major risk factor for cancer or strong clinical suspicion for cancer with no established etiology  | 3 (range 1-5) |
| Potential presence of a CNS process resulting in the presenting symptoms, e.g., transverse myelitis, central demyelination/rapidly progressing neurological deficits | 3 (range 1-4) |

1. What is your level of confidence that the evidence supports the benefit of epidural steroid injection outweigh risk for cervical radicular pain Score 1-5?

 Voting= 4/5 (range 1-5)

1. What is your level of confidence that the evidence supports the benefit of epidural steroid injection outweigh risk for thoracic radicular pain? Score 1-5?

 Voting= 4/5 (range 2-5)

Performance of Epidural Injections and procedures

1. What level of confidence do you have that the evidence supports epidural injections should only performed be with an anesthetic, corticosteroid, and/or a contrast agent (i.e., do you agree other substances are experimental)?

Voting= 4/5 (range 2-5)

1. What level of confidence do you have that the evidence supports the following routes of administration? Score each 1-5.
	1. transforaminal (TFESI) Voting= 5/5 (range 2-5)
	2. interlaminar (IESI) Voting= 4/5 (range 2-5)
	3. caudal (CESI) Voting= 4/5 (range 2-5 )

1. What is your confidence that the clinical literature supports that the epidural steroid injection provide at least 50% pain relief? What scales do you recommend for measuring pain relief? Score 1-5?

Voting= 3/5 (range 1-5 )

1. What is your confidence level that there is evidence to support improvement in function as a measurement of epidural steroid injection success? Score 1-5.

Voting= 4/5 (range2-5 )

1. What is your level of confidence that the evidence demonstrates that epidural steroid injection provided relief for a minimum of 6 weeks after the injection? Score 1-5?

Voting= 4/5 (range 1-5)

1. Is there evidence supporting repeat epidural treatments if the initial epidural treatment did not result in substantial pain relief? Score 1-5?

Voting= 3/5 (range 1-5)

1. Is there evidence to support treatment at a different nerve level even in the same spinal region may be effective? Score 1-5?

Voting= 3/5 (range 1-5)

1. Is there literature to support an optimal interval between repeat epidural steroid injections, provided that previous injections resulted in at least 50% relief or functional improvement for at least six weeks? Yes or No, please provide references. If no literature, is there societal guidelines?

 Voting= No (7/11)

1. Does the literature provide input on a safe or harmful number of epidurals injections per year? Yes or no, please provide references. Voting= No (7/11) If there is no evidence, is there societal input and what do you consider a safe number in 12 months and why? Voting range from 3-4/12 months Please include input on the potential effects of the repeat steroid administration.
2. Does the literature provide input on the safety of multiple levels of epidural steroid injections in the same session? Yes or no, please provide references. Voting= No (6/11) If there is no evidence, what do you consider a safe number per session, and why? Voting range maximum 2 levels- one voted 3 level
3. Does the literature provide input on safe duration of time between the administrations of separate epidurals in the same spinal region? Voting= No (5/10) 2durations written in 2 weeks and 2-3 months
4. Does the clinical literature provide evidence that epidural steroid injections can be administered safely at the same time as other interventional procedures (such as facet, nerve blocks)? Yes or No? If Yes, please provide references. Voting= Yes (6/11)
5. What is your confidence in the evidence to support repeat epidural injections for long-term (> 6 months) management of chronic back pain? Score 1-5. If you are confident (score ≥3), there is support for what patients are considered good candidates for long-term treatments, and based on what literature? Please provide references. Voting= 4/5 (range 1-5)
6. What is your level of confidence epidural injections should not be performed with moderate sedation or general anesthesia? Score 1-5? Voting=3 /5 (range 1-5)
7. What is your level of confidence that the evidence supports a maximal steroid dose for corticosteroid limits for the injectants and what limits are supported? Score 1-5. Voting= 4/5 (range 2-5)
8. What is your level of confidence that the evidence supports the continuation of anticoagulation for epidural injections? Score 1-5. Voting= 2/5 (range 1-4)
9. What is your level of confidence that the evidence supports that epidural adhesiolysis is effective and safe? Score 1-5. Voting= 3/5 (range 1-5)

27. Is there evidence to support epidural steroid injection reduce the need for surgical intervention? Score 1-5. Please cite references. Voting= 2/5 (range 2-5)

28. Is there evidence to support epidural steroid injection reduce the need how about the need for opioids? Score 1-5. Please cite references. Voting= 3/5 (range 1-4)

1. [↑](#footnote-ref-1)