

When to Consider Ordering Epidural Steroid Injections

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The treatment of spinal pain is often an enigmatic and costly challenge for the clinician and patient alike. Fortunately, the judicious use of fluoroscopically guided spinal injections as a standard of care has significantly improved both diagnostic and therapeutic outcomes.

Because of the importance in obtaining an accurate diagnosis regarding the anatomic source of spinal pain, the clinician has here-to-fore relied upon various imaging studies such as MRI and CT scans. However, these studies, while important diagnostic tools, can be expensive, often yield false-positive results and in fact were never intended to be the “gold standard” in the assessment of pain.

Selective spinal injections performed by physiatric pain specialists, under fluoroscopic guidance, provide a focused blockade of the potential anatomic pain generators. Significant reduction or elimination of pain confirms the anatomic source. Such pain relief also permits the patient to progress in a wide variety of spinal rehabilitation programs. Pain relief, return to work, play and activities of daily living as well as the potential for reduced drug therapy are all favorable outcomes of successful ESI therapy.

Spinal injections are effective for many patients including:

- Those who do not respond to conservative treatment or who continue to have pain despite conservative treatment
- Those with radiculopathy
- Those who fail to progress with physical therapy
- Those unable to initiate a rehabilitation program because of pain

Spinal injections should be ordered according to the suspected anatomic source of pain:

- Epidural steroid injections can be delivered by paramedian approach for *central disc herniations*.
- Injections via transforaminal approach are extremely effective for *disc herniations into the spinal canal* or for *radicular pain syndromes*.
- When *posterior element pain* is suspected a median branch block with eventual radio frequency neurotomy is effective for long term pain relief.

- Caudal epidural injections or lysis of adhesion procedure is often helpful for *spinal post-operative syndromes*.
- Fluoroscopically guided *sacroiliac joint* injections are useful both diagnostically and therapeutically for this commonly overlooked source of spinal pain.
- Specialized techniques such as atlantoaxial injections are highly effective for *cervicogenic headache* pain.
- Sympathetic blocks are helpful both diagnostically and therapeutically for *CRRS/RSD* and related disorders.

These spinal injection techniques can be used effectively in any involved region of the spine; cervical, thoracic, lumbar or sacral levels. Selective spinal injections provide an excellent aggressive yet low risk diagnostic and therapeutic tool in the treatment of the spinal pain patient providing both clinically efficient and cost-effective outcomes.

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