Effects of Changing the Frequency of Epidural Steroid Injections for Elderly Patients with Lumbar Radiculopathy/Lumbar Spinal Stenosis

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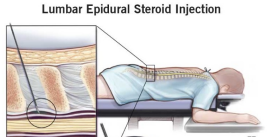
BACKGROUND

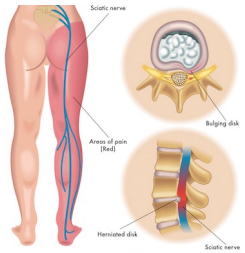
Lower back pain is highly prevalent and a significant cause of disability

50-84% of adults experiencing back pain at some point.

Previously, patients with chronic lumbar radiculopathy received a maximum of 6 injections a year (q8w)

On Dec 2021, Medicare Coverage of ESIs was updated to limit ESIs to a max of 4 a year (q12w)





SPECIFIC AIMS

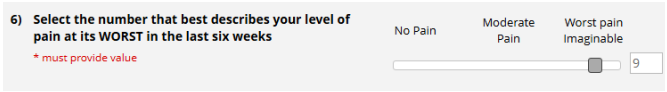
Aim 1: Analyze whether decreasing the frequency of ESIs for spinal stenosis or chronic lumbar radicular symptoms from once every 8 weeks to every 12 weeks will result in changes in medication dosing behavior, medication side effects, activity levels, mood, sleep, and accidents/falls.

Aim 2: Assess whether and how the updated Medicare guidelines on decreasing the utilization of an effective pain management technique will alter the multimodal approach to pain management.

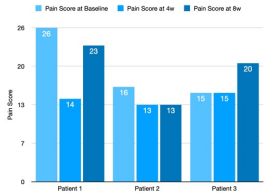
STUDY DESIGN

REDCap survey administered every 4w to an ideal sample size of 50 patients until study completion at 12w.

Baseline survey administered by Dr. Clemans prior to ESI. Patient assessed and questions answered. Followed by remotely administered 4w, 8w, 12w surveys.

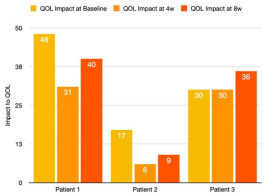


RESULTS



	Pain Score at Baseline	Pain Score at 4w	Pain Score at 8w
Patient 1	26	14	23
Patient 2	16	13	13
Patient 3	15	15	20

	QOL Impact at Baseline	QOL Impact at 4w	QOL Impact at 8w
Patient 1	48	31	40
Patient 2	17	6	9
Patient 3	30	30	36



LIMITATIONS & FUTURE CONSIDERATIONS

Limitations

- Patient demographic unfamiliarity/decreased frequency of use of digital technology
- Lack of continual follow up (usually every 8w)
- Lack of interest in study participation
- Lack of study personnel to complete study tasks

Suggestions to Increase Response Rate

- Include text message or phone call reminders
- Distribute surveys every 6w instead of every 4w
- Assess any barriers to survey completion

CONCLUSION

The results show that the pain levels and QOL metrics of patients receiving ESIs gets close to pre-injection levels at the 8-week mark.

Although the sample size is limited, the findings suggests that patients would benefit from ESIs every 8 weeks rather than every 12.