

Letter to the Editor

In Reference to Manchikanti et al's Criticism of ACOEM Guidelines

TO THE EDITOR:

Regarding Manchikanti et al's recent articles *A Critical Appraisal of Occupational Medicine Practice Guidelines for Interventional Pain Management and Review of Occupational Medicine Practice Guidelines for Interventional Pain Management and Potential Implications* (1,2), it is ironic that the authors purport to evaluate methods for the collection of evidence, but rely on flawed methodology (e.g., unconventional analyses of the body of literature with failure to acknowledge the supremacy of randomized controlled trials as the basis for evidence-based recommendations) and arguments which seem intended more to advance an agenda than to provide true scientific inquiry.

To claim, as these articles do, for example, that the American College of Occupational and Environmental Medicine (ACOEM) does not adhere to the American Medical Association's attributes for guidelines because it "does not represent a true physician organization except in name" belies the formal recognition of ACOEM by both the AMA and the American Board of Preventive Medicine. This is also underscored by the use of the ACOEM methodology in cooperation with other major medical organizations and state agencies.

While we disagree with the methods and conclusions in the articles, we do agree with your statement that "modern evidence based medicine provides an increasingly sophisticated means for addressing a multitude of questions" and we plan to continue to advance evidence-based medical guidelines as an important component in improving health outcomes for all injured workers, whom we believe deserve the highest quality of care available.

We also agree that in the development of guidelines there will be differences of opinion about "terminology and technique." As evidence-based medicine continues to evolve in this environment, we believe that the most responsible approach to guideline development is to rely upon stringent criteria, ensuring that the evidence allowed is of the highest quality to promote the best clinical practice guidance.

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In Defense of Critical Analysis of ACOEM Guidelines for Interventional Pain Management

We would like to thank Hegmann et al for their letter. We agree that our arguments are intended to advance an agenda, namely patient care and access to interventional techniques. Both manuscripts (1,2) are self-explanatory. In contrast, Hegmann et al argue about the supremacy of randomized controlled trials based on outdated quality of evidence criteria utilized by the American College of Occupational and Environmental Medicine (ACOEM), derived from the Agency for Health Care Policy and Research (AHCPR), which has been extinguished by Congress. Further, ACOEM guidelines have modified these significantly, even though, these have been removed from application in patient care. Even then, they failed to implement their own established criteria uniformly. Thus, the ACOEM guidelines appear to be guidelines of convenience for the industry rather than a physician organization working for evidence-based medicine, progress of science, or patient access.

Our third manuscript on the issue titled, "Reassessment of Evidence Synthesis of Occupational Medicine Practice Guidelines for Interventional Pain Management" (3) provides information in detail of each technique and the flawed methodology utilized in the ACOEM guidelines.

Beyond all the creative presentation, we are still puzzled why ACOEM even presumes to be the authority on these issues. To improve occupational medicine, ACOEM must focus on prevention of workplace injuries rather than reducing medical quality care, hindering patient access, and increasing costs for injured workers, third party payors, and the government by transferring the injured worker into a non-productive disability system.

We are also puzzled by the scientific approach used by the ACOEM guidelines and associated organizations with total obliteration and non-responsiveness to a letter written in response to the article by Genovese (4) titled, " 'Evidence' versus 'science' in practice guidelines" in *APG Insights*, which has refused to acknowledge repeated contacts to the letter sent by the undersigned. Thus, it is essential to look in one's backyard prior to criticizing others. We can use language such as punditry or sophistry and legal aphorisms, "When you have the facts on your side, pound the facts; when you have the law on your side, pound the law; if you have neither the facts nor the law, pound the table," as used by Bogduk and Carragee (5), which has not resolved any issues, but only provided interesting reading, similar to ACOEM correspondence.

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