

Cost Effectiveness of Lumbar Epidural Steroid Injections Provides Inaccurate Information

To the Editor:

Carreon et al (1) presented results of cost effectiveness of lumbar epidural steroid injections from a tertiary surgical referral center. It is possible that these patients may have already failed epidural injections with expectation of surgical interventions with high levels of placebo experiences and potential lack of medical necessity. Procedures were performed without regard to the relief criteria (2). The authors have omitted important trial references and modern day cost utility analyses.

Multiple pragmatic randomized controlled trials (RCTs) with 2-year follow-up and cost-utility analysis have been performed for epidural injections and other procedures. Manchikanti et al (3) showed cost utility of caudal epidural injections with only direct costs of \$2,172.50. Adding indirect costs at 40% yielded \$3,628 per QALY in 480 patients. Similar results were obtained with lumbar interlaminar epidural injections (4) with inclusion of 360 patients from RCTs with 2-year follow-up with direct costs of \$1,976.58 with total estimated costs of \$3,301 per QALY.

In conclusion, this study's inappropriate design, filtered application of cost utility analysis and conclusions only adds to the confusion of the discordant existing literature. This study would be more helpful if it was based on the more diverse literature that is currently available

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