

**LOUISIANA STATE BOARD OF MEDICAL EXAMINERS**

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**FAX TRANSMITTAL SHEET**

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To: John P. Wolff III, Esq.  
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From: Kim Edward LeBlanc, M.D.

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LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

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January 26, 2006

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John P. Wolfe, III, Esq.  
Keough, Cox & Wilson, LMC  
701 Main Street  
Baton Rouge, LA 70302

RE: REQUEST FOR ADVISORY OPINION—  
Interventional Pain Management by CRNAs

Dear Mr. Wolfe:

During its meeting this month, the Louisiana State Board of Medical Examiners (the "Board") considered your request for an advisory opinion as to whether the performance of interventional pain management constitutes the practice of medicine and, as such, can only be performed in this state by physicians licensed to practice medicine in Louisiana. As we understand, your inquiry is prompted by an advisory opinion issued by the Louisiana State Board of Nursing ("Nursing Board") that "it is within the scope of practice for the [certified registered nurse anesthetist] ("CRNA") to perform procedures under the direction and supervision of the physician, involving the injection of local anesthetics, steroids and analgesics for pain management purposes, peripheral nerve blocks, epidural injections, and spinal facet joint injections when the CRNA can document education, training and experience in performing such procedures and has the knowledge, skills, and abilities to safely perform the procedures based on an order from the physician." The Board has asked that I acknowledge your correspondence and relay its advice that the injection of local anesthetics, steroids and analgesics, peripheral nerve blocks, epidural injections and spinal facet joint injections, when used for interventional pain management of patients suffering from chronic pain, constitutes the practice of medicine and may only be performed in this state by a physician licensed to practice medicine in Louisiana.

Initially, we note that CRNAs are authorized by law to provide anesthetics and ancillary services and may administer local anesthetics perineurally, peridurally, epidurally, intrathecally, or intravenously, when prescribed by a licensed physician and

<sup>1</sup> Carr, Barbara L. Morvan, MN, RN, Ed. Dir., La. State Bd. Nursing to CRNA (Jan. 12, 2006). Emphasis supplied. We note that the Board has previously communicated with the Nursing Board concerning this issue and unambiguously expressed its view, previously provided to the Nursing Board on several occasions, that the diagnosis and treatment of chronic pain rests solely within the scope of practice of those authorized to practice medicine.

performed under physician direction and supervision.<sup>2</sup> In conformity with their education, training and scope of practice CRNAs, as a profession, were established to, for many years have, and currently remain: essential providers of anesthesia for surgery and acute pain associated with surgery, under physician direction and supervision.

In contrast, physicians specializing in the management of chronic pain utilize some or all of these same procedures—injection of local anesthetics, steroids and analgesics, peripheral nerve blocks, epidural injections, and spinal facet joint injections—as a diagnostic tool to assess the cause of a patient's chronic pain, as a therapeutic modality of treatment, and as basis on which to recommend additional treatment, including the need for surgical intervention and repeated or additional treatments. Due to the risk of death; paralysis, cerebral vascular accidents and infection attendant to these procedures, they are typically performed in a hospital or ambulatory surgery setting to afford patients the full range of life-saving measures that may result from an untoward event. They are also usually performed in combination with fluoroscopy and x-ray, neither of which CRNAs are formally trained to diagnose and interpret, but both of which are essential to insure proper needle and anesthetic placement for the safety of the patient. When used in this manner by physicians specializing in the treatment of chronic pain, these procedures are referred to as "interventional pain management." As made clear by the activities of the CRNA underlying its opinion, the Nursing Board has concluded that interventional pain management is within the scope of practice of CRNAs. The Board disagrees.

It is essential to understand that when used for interventional pain management purposes, these procedures do not consist solely of administration of anesthesia; rather, they are interactive procedures in which the physician is called upon to make continuing adjustments based on medical inferences and judgments drawn from patient response to the anesthetic or other agent being administered. In such instances, it is not the procedures—but the purpose and manner in which such procedures are utilized—that demand the ongoing application of direct and immediate medical judgment, which constitutes the practice of medicine, and which may only be performed by a licensed physician.

While a CRNA may utilize these procedures on the prescription of and under physician direction and supervision for surgical cases and acute pain associated with surgery, in the opinion of the Board it is beyond the scope of authority of CRNAs to employ them to diagnose, manage or treat chronic pain patients. To do so would necessarily permit the CRNA to exercise independent medical judgment, perform diagnostic testing, render diagnoses, and provide treatment or recommendations for treatment of patients suffering with chronic pain. By definition, such services go well

<sup>2</sup> LA. REV. STAT. §§37:933A(3), 37:930D.

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beyond the scope of authority accorded to CRNAs by law. Such determinations are essentially diagnostic and treatment decisions that can have critical implications for the patient, are reserved solely to those licensed to practice medicine in this state,<sup>3</sup> and are not delegable to a non-physician by physician prescription, direction or supervision.<sup>4</sup>

The Board's opinion is not and cannot be altered by representations that a particular CRNA has received postdoctoral training in such areas, performed such activities in this or another state, or even been issued prescriptions by one or more licensed physicians to engage in interventional pain management outside the scope of practice of a CRNA. A particular CRNA may have education, training and, indeed, expertise in such area but expertise cannot, in and of itself, supply authority under law to practice medicine generally by performing injection of local anesthetics, steroids and analgesics, peripheral nerve blocks, epidural injections, and spinal facet joint injections as a therapeutic modality of treatment, a diagnostic tool, or a means to arrive at treatment recommendations respecting the management of chronic pain.

For these reasons, it is the opinion of the Board that the injection of local anesthetics, steroids and analgesics, peripheral nerve blocks, epidural injections and spinal facet joint injections, when used for interventional pain management of patients suffering from chronic pain, constitutes the practice of medicine and may only be performed in this state by a physician licensed to practice medicine in Louisiana.

Very truly yours,

LOUISIANA STATE BOARD OF  
MEDICAL EXAMINERS

By: *Kim Edward LeBlanc, M.D.*  
Kim Edward LeBlanc, M.D., Ph.D.  
*Interim Executive Director*

<sup>3</sup> L.A. REV. STAT. ANN. §37:1261(1), defines the "practice of medicine," to include:

[T]he diagnosing, treating, curing, or relieving of any bodily... disease, condition, infirmity, deformity, defect, ailment, or injury in any human being... whether by the use of any drug, instrument or force... or of what other nature, or any other agency or means...

<sup>4</sup> "[N]o person shall practice medicine as defined herein [the Medical Practice Act] until he possesses a duly recorded license issued under this Part or a permit or registration as provided for herein." L.A. REV. STAT. ANN. §37:1271.