

## Commentary

# INTERVENTIONAL PAIN MANAGEMENT REPORTS: LAUNCHING OF A NEW JOURNAL FOR PUBLICATION OF CASE REPORTS AND OTHER BRIEF REPORTS

Laxmaiah Manchikanti, MD<sup>1</sup>, Kenneth Candido, MD<sup>2</sup>, Aaron K. Calodney, MD<sup>3</sup>, and Alan David Kaye, MD, PhD<sup>4</sup>

In 1999, soon after the formation of the American Society of Interventional Pain Physicians (ASIPP), formerly the Association of Pain Management Anesthesiologists, and soon after recognition of interventional pain management as a specialty (1), the first journal dedicated to interventional pain management (IPM) started, namely *Pain Physician*. Since then, *Pain Physician* has been published with increasing frequency and has become voluminous to accommodate interventional pain management articles, despite the development of multiple journals in the field in later years. *Pain Physician* journal is regarded as among the highest quality in the field of interventional pain management and pain medicine. ASIPP, as a nonprofit organization, offers complimentary subscriptions to all members and provides free versions of all published materials. *Pain Physician* journal also has developed leading copyright policy, that maximizes authors' rights, as it also provides intellectual-property protection. *Pain Physician* journal has developed excellent relationships with libraries and related organizations across the globe promoting maximum utilization, thus gaining extensive attraction world-wide, not only for interventional techniques, but also for surgical techniques, anesthesia-related

interventions, the pathophysiology of pain disorders, and, finally, controlled substance management (1,2). To accommodate publication demands, *Pain Physician* has increased its publication frequency and the number of manuscripts published with the addition of electronic publications, while retaining high quality paper publications. Yet, the demand has continued to increase, specifically with case reports, brief reports, and reviews. However, overall, in many journals, there has been a gradual decline with the publication of case reports and brief reviews related to their low citation rate and the perceived lack of value of case reports in the hierarchy of evidence-based medicine (3-5).

Despite multiple cited disadvantages, various journals have started publications dedicated to case reports. However, the launching of *IPM Reports* is the first of its nature for interventional pain management to report not only case reports, but also brief reports and reviews. Further, the majority of the journals of case reports are either not open access or come with expensive subscriptions (5). In addition, there has been significant controversy in reference to discrimination between legitimate and predatory open access journals (5,6). For the scientific community, there are devastating implications to pay for publication and find out that it has been a predatory journal. To avoid these issues for the interventional pain management community across the globe, ASIPP has initiated the launching of *IPM Reports*, with unparalleled advantages provided by *Pain Physician*.

Akers (5) provided a research communication on new journals for publishing medical case reports published in the *Journal of Medical Library Associations* in 2016. She described that because case reports do not rank highly in the hierarchy of evidence and are not frequently cited, these case reports describing the clinical circumstances of single patients are seldom published by many medical journals. However, many

From : <sup>1</sup>American Society of Interventional Pain Physicians (ASIPP), Pain Management Center of Paducah, Paducah, KY, and University of Louisville, Louisville, KY; <sup>2</sup>Advocate Illinois Masonic Medical Center and University of Illinois College of Medicine, Chicago, IL; <sup>3</sup>Texas Spine and Joint Hospital, Tyler, TX; <sup>4</sup>LSU Health Science Center, New Orleans, LA

Author for correspondence: Laxmaiah Manchikanti, MD  
Address: Pain Management Center of Paducah, 2831 Lone Oak Rd,  
Paducah, KY 42003

E-mail: [drlm@thepainmd.com](mailto:drlm@thepainmd.com)

clinicians argue that case reports have significant educational value, advance medical knowledge, and complement evidence-based medicine. Over the last several years, a vast number (over 160) of new peer-reviewed journals have emerged that focus on publishing case reports. Akers (5) described that these journals are typically open access and have relatively high acceptance rates. They also confirmed that approximately half of the publishers of case reports journals engage in questionable or “predatory” publishing practices. Thus, the authors must be aware of these new publication venues, as well as be able to discriminate between reputable and disreputable journal publishers (5,6). Consequently, publication by ASIPP, the publisher of a high impact journal, *Pain Physician*, as both a paper and open access journal, is crucial for the interventional pain management community.

Case reports are detailed descriptions of the symptoms, diagnosis, disease courses, and treatment of one or a few patients (7). These have been considered as prominent communication tools in medicine dating back to ancient Egypt (5,7). However, long before the launching of *Pain Physician* journal in 1999 (1,2), case reports were starting to be viewed as less desirable for evidence-based medicine, as they were less scientific than research articles, pushing them down to the bottom of the hierarchy of evidence (8,9). Almost none of the reviews consider case reports or even case series in systematic reviews or meta-analyses and now the focus is only on randomized controlled trials (RCTs), even ignoring observational studies (10-29). Consequently, significant debate has ensued on the value of case reports (30) and many journals have ceased to publish case reports or have severely limited the number of case reports published per issue, resulting in overall suppression of case reports and brief reviews.

However, case reports are viewed not as mere anecdotes that can cause more harm than good by highlighting rare occurrences (31,32) and case reports are important for medical progress (33,34). It is important to address that RCTs provide strong confirmatory evidence of treatment effectiveness, though continue to be controversial (10-29). Case reports, similar to observational studies, do serve different but important purposes in communicating

discovery of new disease, disease mechanisms, therapeutic approaches, and generating new hypotheses to be tested by studies that employ more scientifically rigorous research designs (5,7,35,36). Even then, case reports can serve as sources of evidence in systematic reviews and meta-analyses (37). In fact, the Preferred Reporting of Case Series in Surgery (PROCESS) guidelines have developed preferred reporting of case series in surgery assessing methodologic quality similar to Cochrane Review of randomized trials and other instruments (38-42). Similar to case reports, case series have been defined as an uncontrolled study that either samples participants with both a specific intervention exposure and a specific outcome, or samples participants with a specific outcome of interest regardless of their exposure status (43). However, case series, single group cohort studies and case reports are often confused (44). Thus, case reports and case series may have value in systematic reviews.

It has been described that a particular observation independently reported by several different case reports can be considered a “nugget” of information calling attention to reliable and potentially influential findings (45). In fact, almost all interventional techniques started with publication of case reports including the earliest publication of interventional technique in interventional pain management – caudal epidural injections by 3 different groups of authors presenting them independently in 1901 (46-48). In fact, some authors believe that case studies have the potential to be widely read and to have a significant impact on subsequent clinical research (49).

With the rapid emergence of new case reports journals, despite inclusion of some with questionable practices, the future for case reports and brief reports appears to not only indicate the need for case reports and brief reviews and reports, but appears to be exceedingly important.

Despite numerous developments since the first interventional technique reported in 1901 of caudal epidural injections (46-48), IPM is considered fledgling and evolutionary with multiple problems related to any evolutionary specialty (50-52). Meanwhile, almost all interventional techniques, even though they continue to increase in their utilization (53-57),

they have continued to be questioned regarding their effectiveness and safety by some (58-60). However, the moderate evidence in favor of their effectiveness and the significant evidence of safety when performed appropriately has been presented (10-29,61-65).

The journal you are now reading is founded and owned by ASIPP and is published with Kenneth Candido, MD, Professor of Clinical Anesthesiology and Clinical Professor of Surgery, University of Illinois College, Chairman, Department of Anesthesiology, Advocate Illinois Masonic Medical Center, as the Editor-in-Chief. Dr. Candido, with extensive experience in publications and the editorial process has served as Section Editor for *Pain Physician*; he has accepted the editorial responsibility of publishing *IPM Reports*. Many outstanding researchers have agreed to be Associate Editors and to serve on the editorial board to provide an appropriate and rigorous peer review process despite this being a new journal for case reports and brief reviews.

The editorial board also includes representation from various specialties and interests, both from academic medicine and private practices, accommodating academic research with pragmatism. The editorial board encompasses a large number of individuals with extensive publication experience, which is listed on the editorial page.

The first issue comes with several exciting manu-

scripts. *IPM Reports* is probably the first to publish 4 case reports of spinal hematoma formation in the cervical and thoracic spine following epidural injections (66-69), accompanied by a commentary by Editor-in-Chief Candido (70). Multiple other manuscripts are also provided in this issue (71-78).

Thus, the founders, publishers, Editor-in-Chief, associate editors, and editorial board of *IPM Reports* look forward to achieving new heights and encourages the submission of large, well-written case reports, case series, and brief reviews and reports. This group of individuals embody Ronald Reagan's philosophy that ... "There is no limit to what a man can do or where he can go if he does not mind who gets the credit."

#### **Conflict of Interest**

Dr. Manchikanti has provided limited consulting services to Semnur Pharmaceuticals, Incorporated, which is developing nonparticulate steroids.

Dr. Calodney is a consultant for Medtronic, SI-Bone, Stryker, Nevro, and APEX Biologix.

Dr. Kaye is a speaker for Depomed and Merck, Inc.

There was no external funding in preparation of this manuscript.

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