

INTERVENTIONAL PAIN MANAGEMENT *Reports*

An Electronic Publication of The American Society of Interventional Pain Physicians and a Clinical Companion Journal to *Pain Physician*

Mission

The mission of *Interventional Pain Management Reports* is to promote excellence in the practice of interventional pain management and clinical research. *Interventional Pain Management Reports* is a peer-reviewed, multi-disciplinary journal directed to an audience of interventional pain physicians, other clinicians, and scientists with an interest in interventional pain management and pain medicine.

Scope

Interventional Pain Management Reports is an official publication of the American Society of Interventional Pain Physicians (ASIPP) and is a sister publication of *Pain Physician*. *Interventional Pain Management Reports* publishes case reports, brief commentaries and reviews and letters to the editor. It is a peer-reviewed journal written by and directed to an audience of interventional pain physicians, clinicians and scientists with an interest in interventional pain management and pain medicine.

Interventional Pain Management Reports is an open access journal, available online with free full manuscripts at www.ipmreportsjournal.com

Publication Ethics Statement

Publication and authorship

1. All submitted manuscripts are subject to strict peer-review process by at least 2 reviewers that are experts in the area of the particular manuscript. Reviewers are selected by a senior member of the editorial board based on the reviewer's previously categorized areas of expertise. Author also can propose reviewers.
2. The factors that are taken into account in review are relevance, originality, readability, statistical validity and language.
3. The possible decisions include acceptance, minor revisions, major revision or rejection.
4. If authors are encouraged to revise and resubmit a submission, there is no guarantee that the revised submission will be accepted.
5. Rejected manuscripts will not be re-reviewed.
6. Authors of rejected manuscripts may provided with reviewer comments.
7. The paper acceptance is constrained by such legal requirements as shall then be in force regarding libel, copyright infringement and plagiarism.
8. No research can be included in more than one publication, whether within the same journal or in another journal. The only exception to this is a follow-up manuscript.

Authors' responsibilities

1. Authors must certify that their manuscript is their original work.
2. Authors must certify that the manuscript has not previously been published elsewhere, or even submitted or reviewed in another journal.
3. Authors must participate in the peer review process and follow the comments.
4. Authors are obliged to provide retractions or corrections of mistakes.
5. All Authors mentioned in the paper must have significantly contributed to the research. Level of their contribution also must be defined in the "Authors' Contributions" section of the article.
6. Authors must state that all data in the paper are real and authentic.
7. Authors must notify the Editors of any conflicts of interest.
8. Authors must identify all sources used in the creation of their manuscript.
9. Authors must use relevant sources that might help other researches/journals.
10. The review process should be double blind. The authors should have no knowledge of who is reviewing the paper. Please notify the editorial staff if you have knowledge of who specifically has commented on your paper.

Peer review/responsibility for the reviewers

1. Reviewers should keep all information regarding papers confidential and treat them as privileged information.
2. Reviews should be conducted objectively, with no personal criticism. Please let the editorial staff know if you have knowledge of who authored a particular manuscript.
3. The review process should be double blind. The authors should have no knowledge of who is reviewing the manuscript and the reviewers should have no knowledge of who authored a manuscript.
4. Reviewers should express their views clearly with supporting arguments.
5. Reviewers may identify relevant published work that has not been cited by the authors.
6. Reviewers should also call to the Section Editors, Managing Editor or Editor-in-Chief's attention any substantial similarity or overlap between the manuscript under consideration and any other published paper of which they have personal knowledge.
7. Reviewers should not review manuscripts in which they have conflicts of interest resulting from competitive, collaborative, or other relationships or connections with any of the companies, or institutions connected to the papers.

Author Guidelines

Editorial responsibilities

1. Editors (Section Editors, Managing Editor, or Editor-in-Chief) have complete responsibility and authority to reject/accept an article.
2. Editors are responsible for the contents and overall quality of the publication.
3. Editors should always consider the needs of the authors and the readers when attempting to improve the publication.
4. Editors should guarantee the quality of the papers and the integrity of the academic record.
5. Editors should publish errata pages or make corrections when needed.
6. Editors should have a clear picture of a research's funding sources.
7. Editors should base their decisions solely on the papers' importance, originality, clarity and relevance to publication's scope.
8. Editors should not reverse their decisions nor overturn the ones of previous editors without serious reason.
9. Editors should preserve the anonymity of reviewers.
10. Editors should ensure that all research material they publish conforms to international accepted ethical guidelines.
11. Editors should act if they suspect misconduct, whether a paper is published or unpublished, and make all reasonable attempts to persist in obtaining a resolution to the problem.
12. Editors should not reject papers based on suspicions; they should have proof of misconduct.
13. Editors should not allow any conflicts of interest among staff, authors, reviewers and board members.
14. Editors must not change their decision after submitting a decision (especially after reject or accept) unless they have a serious reason.

Publishing Ethics Issues

1. All editorial members, reviewers and authors must confirm and obey rules defined by COPE.
2. Corresponding author is the main owner of the article so she/he can withdraw the article.
3. Authors cannot make major changes in the article after acceptance without a serious reason.
4. All editorial members and authors must will to publish any kind of corrections honestly and completely.
5. Any notes of plagiarism, fraudulent data or any other kinds of fraud must be reported completely to COPE.

Peer Review Process

All submissions to the journal are initially reviewed by one of the Editors. At this stage manuscripts may be rejected without peer review if it is felt that they are not of high enough priority or not relevant to the journal. This fast rejection process means that authors are given a quick decision and do not need to wait for the review process.

Manuscripts that are not instantly rejected are sent out for peer review, usually to two independent reviewers. Based on the feedback from these reviewers and an assigned Section Editor, as well as the Editor-in-Chief, a decision is given on the manuscript. The average time from submission to first decision is approximately 6-8 weeks. If a paper is not acceptable in its present form, we will pass on suggestions for revisions to the author.

Authors are given up to a year to resubmit a revised manuscript. Revised manuscripts will go back to a member of the Editorial Board to determine if the manuscript will undergo a second review or if a decision can be reached.

Once a manuscript is accepted, it will be published in the next available online issue, normally 3 months from acceptance

Disclosure of Conflicts of Interest

Authors must identify all sources of funding from public and private sources such as pharmaceutical companies and commercial organizations that supported the study presented in the manuscript.

Indicate the level of funding following these standards:

Level 0:	No funding
Level 1:	\$100 to \$1,000
Level 2:	\$1,001 to 10,000
Level 3:	\$10,001 to \$25,000
Level 4:	\$25,001 to \$50,000
Level 5:	\$50,001 to \$100,000
Level 6:	Greater than \$100,000

Citations

It is the policy of *Interventional Pain Management Reports* that no more than 20% of references may be from a single journal or primary author, including current and past 2 year references. Use current up-to-date citations whenever feasible.

Special consideration is required if these limits have to be exceeded.

Author Disclosure

Sound authorship of manuscripts relies on personal and professional integrity and accountability; however, there is much controversy concerning ghostwriting, guest authorship, plagiarism, and duplicate publications. Ghostwriting and guest authorship are often linked to university-industry collaborations. Typically, industry-sponsored professional writers prepare complete articles, which are then presented to senior, often expert, academics who submit the article in their own name with or without editing to a journal and they are often reimbursed. *Interventional Pain Management Reports* prohibits ghostwriting, plagiarism, and duplicate publications. These activities are considered as misconduct.

Consequently, ghost or guest authorship, plagiarism, and duplicate publications will be investigated using the Committee on Publication Ethics guidelines (http://publicationethics.org/files/u2/04E_Author_Ghost_Guest_Gift.pdf).

If there is more than one author, a corresponding author should be designated to provide a complete address, telephone and fax numbers, and e-mail address. All author information should be entered on the online manuscript submission form. The author must certify the following (which may be incorporated into the e-mail or letter accompanying the manuscript):

- This manuscript represents a valid work and neither this manuscript nor one with substantially similar content under my authorship has been published or is being considered for publication elsewhere, except as described in an attachment.
- If requested by the editors, I will provide the data or will cooperate fully in obtaining and providing the data on which the manuscript is based for examination by the editors or their assignees.
- For publications with multiple authors, I agree to serve as the primary correspondent with the editorial office to review the edited manuscript and proof.
- I certify that all financial and material support for this research and work are clearly identified in the manuscript.
- I certify that all my affiliations with, or financial involvement with, any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in the manuscript are completely disclosed here or in an attachment, or the corresponding author and any other authors have no relevant financial interests in this manuscript.

Each author(s) also must transfer copyright. E-mails or letters should state that in consideration of the action of *Interventional Pain Management Reports* in reviewing and editing this submission (manuscript, tables, and figures), the author(s) undersigned hereby transfer(s), assign(s), or otherwise convey(s) all copyright ownership, including any and all rights incidental thereto, exclusively to ASIPP, in the event that such work is published by *Interventional Pain Management Reports*.

For federal employees, a statement should be included that the author(s) was an employee of the U.S. Federal Government when this work was conducted and prepared for publication. Hence, it is not protected by the Copyright Act, and copyright ownership cannot be transferred. Authors should obtain written permission from all individuals named in an acknowledgment, since readers may infer their endorsement of data and conclusion.

Acknowledgements

The “Acknowledgment section” is the general term for the list of contributions, disclosures, credits, and other information included at the end of the text of a manuscript but before the references. The Acknowledgment section includes authors’ contributions; information on author access to data; disclosure of potential conflicts of interest, including financial interests, activities, relationships, and affiliations; sources of funding and support; an explanation of the role of sponsor(s); information on independent statistical analysis (if required); names, degrees, and affiliations of participants in a large study or other group; any important disclaimers; information on previous presentation of the information reported in the manuscript; listing of supplemental material; and the contributions, names, degrees, affiliations, and indication if compensation has been received for all persons who have made substantial contributions to the work but who are not authors.

Authors must obtain written permission to include the names of all individuals included in the Acknowledgment section, and the corresponding author must confirm that such permission has been obtained in the Authorship Form (http://www.icmje.org/coi_disclosure.pdf)

Categories of Manuscripts

Interventional Pain Management Reports publishes several categories of articles, each with its own requirements including brief reports of original research, case reports, brief technical reports, editorials, brief position papers, clinical opinions, letters to the editor, brief prospectives and papers regarding health care policy and ethics.

Brief Ethics Manuscripts

Papers addressing specific ethical issues that are germane to the profession and practice of pain medicine and interventional pain management are encouraged. Papers can be empirical studies of ethics in pain medicine and interventional pain management, reviews of ethical constructs, case presentations, speculative proposals for ideas, direction(s), or concepts in the ethics of pain medicine and interventional pain management, as well as more normative and /or speculative papers that propose or discuss the philosophical premises of pain and pain care.

Brief Health Policy Manuscripts

Interventional Pain Management Reports publishes articles on various non-clinical issues, including political, philosophical, ethical, legal, environmental, economic, historic, and cultural prospectives.

Brief Prospectives

Prospectives provide expert analysis of and prospective on a specific article or series of articles in *Interventional Pain Management Reports* or other journals, or on a topic of special interest to practitioners in pain management and interventional pain management subspecialties. Prospectives should be well focused, scholarly, and clearly presented.

Brief Reports of Original Research

Brief reports of original research published in *Interventional Pain Management Reports* consists of multiple types of articles including observational studies, and reports of adverse drug effects. Institutional Review Board (IRB) approval must be obtained and stated in these manuscripts.

Author Guidelines

- A clinical trial is any research project that prospectively assigns human participants to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome.
- A medical intervention is any intervention used to modify a health outcome and includes, but is not limited to, drugs, surgical procedures, devices, behavioral treatments, and process-of-care changes.
- A controlled trial must have at least one prospectively assigned concurrent control or comparison group in order to trigger the requirements to be a controlled trial and also for registration.

Case Reports

Reports describing single cases or reports of techniques are also published. However, these must be educational and draw attention to important or unusual clinical situations, novel treatments, new techniques, or complications.

Brief Commentaries

Brief Commentaries are short, peer-reviewed articles that build on a previously published study, document partial research results from an ongoing study, or discuss results from studies limited in scope.

Letters to the Editor

Letters to the Editor are considered for publication (subject to editing and abridgment) provided they do not contain material that has been submitted or published elsewhere.

Manuscript Guidelines

Abstract

A structured or non-structured abstract of 150-250 words must be provided to cover:

- 1) Background
- 2) Objectives
- 3) Methods
- 4) Results
- 5) Limitations
- 6) Conclusion(s)

Key words: Each manuscript should be accompanied by 8-12 key words.

Manuscript Submission

Manuscripts should meet the following criteria:

The material is original; the writing is clear; the study methods are appropriate; the data are valid; the conclusions are reasonable and supported by the data; the information is important; and the topic has interest pain physicians.

Please provide word count and abstract count on title page of manuscript file.

Title Page/Cover Letter

The cover letter should include the name(s), degree(s), and affiliation(s) of the author(s) of the paper. The author(s) should be listed in the order desired. This should be a document separate from the rest of the paper in order to maintain the integrity of the double-blind review.

Brand Names

When citing a brand name, provide the manufacturers' name and address. Use generic names for all drugs.

Tables and Figures

The manuscript should contain supportive tables and figures that are necessary, but not duplicative. Authors must secure permission for reproduction of all previously published illustrations; figures or tables without accompanying permission will not be accepted. Tables and figures each should be numbered consecutively using Arabic numerals.

Any images or illustrations submitted must be a minimum of 300 dpi and saved in either a TIF or JPG format.

Digital image files may be included as part of the manuscript or downloaded separately.

Abbreviations

Abbreviations are discouraged except for units of measurement. When first used, the abbreviation should be preceded by the words for which it stands.

Manuscript Requirements

All Manuscripts except Letters to the Editor

- 2,500 words
- 60 references
- 4 tables and figures

Letters:

- 1,000 words
- 25 references
- 2 tables and figures

References

References must be the most recent and up to date available. References from a single journal or a single author must be limited to 20% of total references which includes *Interventional Pain Management Reports* and primary author references.

Each journal reference should include the following, in this order:

1. Author(s) last name(s) and initials
2. Title of the article
3. Journal name (abbreviated according to Index Medicus)
4. Year of publication
5. Volume number
6. First and last pages

List all authors unless there are more than 6. If there are more than 6, list the first 3 then use “et al.”.

Contributors are responsible for providing complete and accurate references. References are to be numbered in the order that they appear in the text. References should be cited in the text in their order of appearance and be listed by number in parentheses.

When data are from an unpublished source, give complete information, including name of the researcher and location. If the work is in progress, provide the journal or book publisher by which it will be published. Please check your references carefully.

Examples

Journal:

Gerdesmeyer L, Wagenpfeil S, Birkenmaier C, et al. Percutaneous epidural lysis of adhesions in chronic lumbar radicular pain: A prospective randomized controlled trial. *Pain Physician* 2013; 16:185-196.

Website:

Centers for Medicare and Medicaid Services: www.cms.hhs.gov

Press Release:

AMA Press Release: *AMA Adopts New Policies During Final Day of Semi-Annual Meeting*. November 15, 2011

Newspaper:

Adamy J. Overlapping Health Plans Are Double Trouble for Taxpayers. *The Wall Street Journal*. June 27, 2011. <http://online.wsj.com/article/SB10001424052702304453304576392194143220356.html>

Book:

Raj PP. *Interventional Pain Management: Image Guided Procedures*. Churchill Livingstone, Philadelphia, 2007.

Book Chapter:

MCohen SP, Larkin TM. Lumbar discography. In: Benzon HT, Rathmell JP, Wu CL, Turk DC, Argoff CE (eds). *Raj's Practical Management of Pain*. 4th ed. Elsevier Science, Philadelphia 2008, pp 1079-1108.

Personal Communications and Unpublished Data

Any inclusion of personal communications and unpublished data in the manuscript must be accompanied by a signed statement of permission from each individual identified as a source of information in a personal communication or as a source for unpublished data. Further, specific date of communication and the type of communication (written or oral) must be provided.

Ethical Considerations and Informed Consent

Human and animal studies require Institutional Review Board approval and this should be described in the methods section of the manuscript. For those investigators who do not have an IRB, the guidelines outlined in the Declaration of Helsinki (<http://www.wma.net/en/20activities/10ethics/10helsinki/15publicconsult/>) should be followed.

Registration of Clinical Trials

To be considered for publication, the authors must provide evidence of registration in a public trials registry. Trials must register at or before the onset of patient enrollment. This policy applies to any clinical trial beginning enrollment after July 1, 2005.

A clinical trial is defined as any research study that prospectively assigns human participants to intervention or comparison groups to evaluate the cause-and-effect relationship between an intervention and a health outcome. Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (e.g., Phase 1 trials) will be exempt from this requirement.

For more information: <http://www.clinicaltrials.gov/>

Permissions Required to Reproduce or Adapt Material

Any illustrations or tables adapted or reproduced from other publications must be acknowledged. Authors must submit permission from original publishers or other copyright owners.

Manuscript Checklist

Please review manuscript for accuracy and style to follow *Interventional Pain Management Reports* guidelines.

- Transmittal letter with information on authorship, level of funding and with author(s) signature.
- Disclosure information including any corporate sponsorship (please see section for complete details)
- References checked for accuracy and duplication. Be sure all are cited within the text (**none in the abstract**) and are numbered as they appear in the text. Make sure 20% or fewer references from same journal or author.
- Identify the corresponding author and provide complete identifying information. IPM Reports only lists one corresponding author
- Each author's affiliation information including title(s), place of affiliation, address, and e-mail address.
- Word count for manuscript and abstract included on first page of article file
- Written permission from publisher(s) and author(s) to reproduce any figures or tables that have been published previously. Oral permission from only one party is insufficient. Permission must be from the primary source, unless unavailable.