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ASA Closed Claims Project: Pain Management in the Non-Surgical Setting 1970-1998

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BACKGROUND: To identify liability associated with anesthesiology-administered pain management in the non-surgical setting, we analyzed the American Society of Anesthesiologists (ASA) Closed Claims project database.

METHODS: The ASA Closed Claims database is a standardized collection of case summaries derived from the closed claims files of professional liability insurance companies. We examined closed claims in the database when the injuries occurred from 1970-1998. Only claims related to anesthesiology pain management in the non-surgical (non acute pain) setting were considered. Pain management claims were grouped as procedures (blocks and interventions) versus miscellaneous care(medication management, other, opinion only).

RESULTS: A total of 241 of 5480 (4.4%) claims in the database were for pain management in the non-operative setting. The relative proportion of pain claims to all claims increased over time. Pain management claims account for 8% of all claims in the 1990's compared to 2.76% in 1980's and 1.95% in 1970's. Anesthesia procedures (blocks and interventions) accounted for 98% (236 of 241 claims) of pain management claims with anesthetic blocks accounting for 84% of claims (Table 1). The most common adverse outcomes from anesthesia blocks were nerve injury or paralysis/paraplegia (23%), pneumothorax (19%), postdural puncture headache (PDPH) (11%), death or brain damage (10%), meningitis (6%), no pain relief or increased pain (5%), and infection at the injection site (4%). Of the anesthesia block claims, 120 (55%) were for neuraxial (epidural, intrathecal) blocks, 78% of which (93 of the 120 claims) were associated with injection of steroids or combination of agents (opioids, local anesthetics) with steroids into the epidural space. Adverse events associated with the use of epidural steroids (or associated agents) included PDPH (23%), nerve injury or paralysis/paraplegia (22%), meningitis (11%), death or brain damage (11%), non-relief or increased pain (9%), infection at the injection site (6%), and epidural abscess (4%). Care in the management of epidural steroid-related complications was deemed substandard in 30% and impossible to assess in 19%. Payment was made in 43% of epidural steroid-related claims. The median payment in these cases was $27,500 with a range of $2,000-$1,812,500. Substandard care claims were more likely to be paid than standard care claims (79% vs. 19%, $p<0.05$).

CONCLUSION: Anesthesia blocks account for the majority of professional liability closed claims for non-surgical pain management. The majority of neuraxial block claims involved injection of epidural steroids and associated agents. Compensatory payments were made in a substantial number of epidural steroid-related claims associated with substandard care.

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Pain Management		£claims	% of 241
Blocks		202	84%
	Neuraxial Block	120	50%
	Sympathetic Block	33	14%
	Axial Nerve Block	31	13%
	Other Blocks	18	7%
Interventions		29	12%
	Trigger Point Injection	16	7%
	Pump Insertion or Refill	10	4%
	Spinal Cord Stimulator	3	1%
Miscellaneous		10	4%
	Other	5	2%
	Medication Management	3	1%
	Opinion only	2	1%