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Is It Really Fibromyalgia?

A diagnosis of fibromyalgia can prevent the identification of other easily treated problems. The most critical factor when dealing with fibromyalgia is to consider other possible contributing factors.

Many patients who present to our clinic with fibromyalgia often either do not have this problem or we discover other treatable pain conditions. Obviously any treatment will lead to dismal outcomes when the diagnosis is incorrect.

Fibromyalgia is over diagnosed. Prior to the introduction of a medication the FDA allowed to market itself as a treatment, the term fibromyalgia was infrequently used. Once there was a drug allowed by the FDA to market itself as being helpful for fibromyalgia we noticed the overutilization of the diagnosis. To be sure fibromyalgia does exist.

Fibromyalgia is a pain condition with two hallmark criteria:

- Widespread pain that has been ongoing for months
- Tenderness to touch in at least 11 of 18 classic points on your body

On many occasions a source of these pains can be found in the spinal area. Someone suffering from a painful condition should consider evaluation by a fellowship-trained pain physician.

Most of the time a reason for severe muscle spasms and aches known as myofascial pain can be traced to a problem somewhere in the spine. When there is a problem in the spine, Mother Nature has developed a mechanism to protect the spine by causing muscles in the area to spasm. If your doctor fixes the underlying problem in the spine, the severe muscle spasms will go away or lessen.

What are these problems in the spine that can cause these muscle spasms? One such problem is a disc bulge, herniation or degeneration. Although somewhat different each one of these disc problems may cause a muscle spasm. The center of a disc contains an extremely irritating substance called the nucleus pulposus. When the nucleus pulposus leaks it can cause irritation in the spinal nerves and subsequently cause spasm of the muscles. Another problem of the spine is called facet arthropathy. The facet joints are the small joints between each bone in your back. When these become arthritic as we see commonly in the aging process, they can also cause back pain with muscle spasms. Similarly problems in the sacroiliac joint and other structures in the neck, mid and lower back and buttock/hip areas may cause spasm. Is the answer to fix the problem by masking the pain with pain killers? No. Is the answer to give other oral medications to relax muscles and nerves the solution? Not necessarily. Is the answer physical therapy? By itself, usually no.

The answer is to diagnose and fix the underlying problem located in the spine, sacroiliac joint or some surrounding structures. Whereas, medications and physical therapy may help some people, others will need, after a thorough history and physical exam, MRI studies of the affected area, Following the appropriate work up precise site specific injections such as transforaminal epidural injections, facet joint injections or sacroiliac joint injections for example may be used to diagnose and depending on the condition fix the problem.

These injections can be done comfortably with some twilight sedation or just local anesthetic to numb the area. Twilight sedation is usually more comfortable.

The goal is to get back to as full a function as possible and off as many medications as possible by diagnosing and fixing the underlying problem not masking the problem with drugs.

The physicians at the Illinois Pain Institute are expert in these techniques.

Illinois Pain Institute (offices in Elgin, Elmhurst, Lake Barrington, McHenry, Itasca, Libertyville, Huntley and now offering the Barrington Pain & Spine Institute –Outpatient Surgery Center