Tele Pain Evaluation for Neuromodulation Treatment Program A Cohort Study Exploring Comprehensive Pre-Trial Evaluation Outcomes

Samardzic R., Ball S.L., Goldner J., Martincin K., Veizi E., Sandbrink, F.

Pain Medicine Service, VA Northeast Ohio Healthcare System, Cleveland, Ohio

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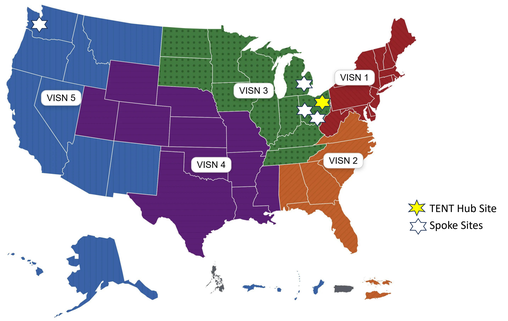
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- **INTRODUCTION:** Spinal cord stimulation (SCS) offers pain relief for select patients with chronic intractable pain. SCS is a costly intervention that is associated with risk and variable outcomes. A comprehensive evaluation, involving a pain physician and pain psychologist, is crucial with patient selection to maximize safety and effectiveness. A recent data estimate from VA suggests that in FY2025, 35% of Veterans receiving direct VA care and 36% receiving VA-paid community care did not undergo comprehensive pre-implantation evaluations.
- **METHODS:** Retrospective chart reviews were for all referred patients from January of 2025 to present (September 2026). Data were collected on evaluation findings and recommendations, in addition to demographic and clinical data.
- **RESULTS:** 110 patients total (85% male, 15% female). 28 patients did not proceed with the full evaluation, of those who were evaluated, 43% were deemed unacceptable to proceed with the trial and were provided with recommendations to enhance candidacy. 57% were considered appropriate to proceed with trial. Among those not recommended to receive a permanent neuromodulation device, the most frequent reason was the presence of psychosocial risk factors (MH concerns); other reasons included poor medical candidacy and diagnoses not indicated for neuromodulation. Two patients decided not to move forward with trial after completing the evaluation process
- **DISCUSSION:** Nearly half of the patients considered for implantation of a neuromodulation device were found to be not appropriate candidates, underscoring the need for pre-trial evaluations. By identifying and addressing modifiable biopsychosocial risk factors, the TENT evaluation process provides patients with clear guidance and opportunities for optimization, which may improve future candidacy and outcomes.
- Future studies will explore results for these patients after receiving a neuromodulation device to further evaluate the impact of this process on clinical outcomes.

References
1. Knotkova H, et al. Neuromodulation for chronic pain. Lancet. 2021;397(10289):2111-2124.
2. O'Connell NE, et al. Implanted spinal neuromodulation interventions for chronic pain in adults. Cochrane Database Syst Rev. 2021;12(12):CD013756.
3. Shanthanna H, et al. Evidence-based consensus guidelines on patient selection and trial stimulation for spinal cord stimulation therapy for chronic non-cancer pain. Reg Anesth Pain Med. 2023;48(6):273-287.

TENT Program Mission

Improve Veteran access to high-quality evaluations for neuromodulation



CLINICAL INTERVIEW

A comprehensive psychological interview evaluating psychosocial history, pain presentation, relevant risk and protective factors, and the patient's treatment expectation, knowledge, and readiness for neuromodulation trial/implantation.

TESTING

Psychological testing includes established measures of personality, anxiety, depression, PTSD, alcohol use, cognitive functioning, insomnia severity, pain self efficacy, pain catastrophizing.

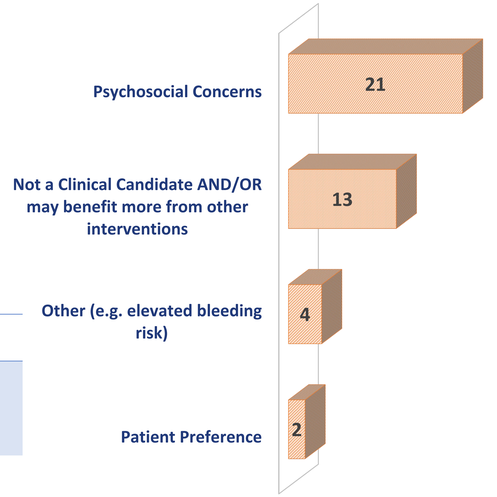
FEEDBACK

All Veterans are provided with specific feedback and given recommendations to improve their candidacy if they are not recommended to proceed with trial at time of evaluation.

Averages

Recommendation	PHQ-9	GAD-7	Current Pain	Worst Pain	Least Pain
Recommend to proceed with trial (57%)	6.86	5.5	5.18	8.57	3.85
Do not recommend (43%)	14.13	10.48	7.40	9.58 (9.16)*	6.25

*** 9.16 excludes an outlier that rated their pain as 20/10**



TENT Program Process



U.S. Department of Veterans Affairs
Veterans Health Administration
VA Northeast Ohio Healthcare System