

***Interventional Therapies, Surgery, and Interdisciplinary Rehabilitation for Low Back Pain: An Evidence -Based Clinical Practice Guideline From the American Pain Society. Spine 2009; 34:1066-1077.***

Based on an extensive review of current research, the American Pain Society released a new clinical practice guideline for low back pain that focuses on the use of non-invasive treatments over interventional procedures, as well as shared decision meeting between the patient and physician. A multi-disciplinary panel reviewed 3348 abstracts and 161 relevant clinical trials. The panel was supported by experts on interventional therapies.

The recently published guideline expands the recommendations for initial evaluation and management of Low Back Pain from the previously published guideline Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society. Ann Inter Med. 2007 intended for primary care physicians.

The newly released guidelines include the following recommendations-

1. Against the use of provocative discography (explain in short phrase for patients for patients with chronic nonradicular low back pain.
2. The consideration of intensive interdisciplinary rehabilitation with a cognitive/behavioral emphasis for patients with nonradicular low back pain who do not respond to usual, no interdisciplinary therapies.
3. Against facet joint corticosteroid injection, prolotherapy, and intradiscal corticosteroid injections for patients with patients with persistent nonradicular low back pain.
4. A discussion of risks and benefits of surgery and the use of shared decision-making with reference to rehabilitation as a similarly effective option for patients with nonradicular low back pain, common degenerative spinal changes, and persistent and disabling symptoms.
5. Against vertebral disc replacement in patients with nonradicular low back pain, common degenerative spinal changes, and persistent and disabling symptoms.
6. A discussion of the risks and benefits of epidural steroid injections and shared decision-making, including specific review of evidence of lack of long-term benefit for patients with persistent radiculopathy due to herniated lumbar disc.
7. A discussion of the risks and benefits of surgery and use of shared decision-making that references moderate benefits that decrease over time for patients with persistent and disabling radiculopathy due to herniated lumbar disc or persistent and disabling leg pain.
8. Discussion of risks and benefits of spinal cord stimulation and shared decision making, including reference to the high rate of complications following stimulator placement for patients with persistent and disabling radicular pain following surgery for herniated disc and no evidence of a persistently compressed nerve root.

**Sources**

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*American Pain Society Press Release, May 13 2009. APS Issues New Guidelines for Low Back Pain Interventions, Surgery.*

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