

TO: Low Back Disorders Evidence Review Group (ERG)
FROM: Dan Ollendorf, ICER
RE: Post mid-point call update to systematic review strategy
DATE: January 24, 2011
CC: Steve Pearson, Marc Silverstein, Analisa Andry

Based on the input we have received during our mid-cycle calls with the ERG we have made the following modifications to our systematic review strategy:

“Simple Conservative Care”

Our focus remains on interventions considered for patients who have failed attempts at “simple conservative care”, which we define to include medication, spinal manipulation, exercise, physical therapy, and alternative therapies (e.g., yoga, massage, acupuncture). As such, we do not intend to evaluate these specific treatment options but will provide a comprehensive overview of these options as background material to our final report.

Spinal Injections

We have reviewed the Washington state report in detail, as well as the objections contained in the comment letter submitted by multiple clinical societies.¹ The letter objects to the exclusion of data from observational studies. Our original review strategy included the evaluation of observational data to supplement RCT data, so we will supplement the findings of the Washington state report with a critical evaluation of data from observational studies.

Interdisciplinary Rehabilitation

Because one of the stated goals of the ICER project is to categorize and evaluate the major components of interdisciplinary rehabilitation programs we will abstract each identified RCT or observational study in detail using the full literature retrieval timeframe (January 2000 – January 2011).

¹ Rutka JT, Fraifeld EM, Lupinacci MF, et al. Multi-specialty society response letter. In: WA Health Technology Assessment: Peer Review, Public Comments & Responses (12-14-2010); Washington state Health Care Authority. Accessed on 12/15/10 at:
http://www.hta.hca.wa.gov/documents/spinal_injection_public_comments.pdf

Nonsurgical Interventional Therapies

As noted at the outset of the project, ICER's timeline and resources are such that the focus is on those interventions of most interest to decision-makers. The initial list of interventions in this category included radiofrequency denervation and intradiscal electrothermal therapy; a subsequent suggestion was made to include coblation nucleoplasty as an intervention of interest. We will use a high-quality systematic review² as the basis for our evaluation of these interventions, supplemented by observational studies and RCTs published since July 2008 (the end date of the earlier review).

Surgical Interventions

In concert with the published systematic review on nonsurgical interventions, a high-quality review also was published on surgery for low back pain.³ This review covered laminectomy, micro- and open discectomy, instrumented and non-instrumented fusion, interspinous spacers, and artificial disc replacement. We will *not* include artificial disc replacement in the scope of the project, as CMS has already made a national coverage ruling on this procedure; this decision stands. However, automated percutaneous lumbar discectomy (APLD) was raised on our ERG call as an important emerging intervention, so we have added APLD to the scope of our review.

Please do not hesitate to contact us should you have any questions or concerns regarding our proposed approach.

² Chou R, Atlas SJ, Stanos SP, Rosenquist RW. Nonsurgical interventional therapies for low back pain: a review of the evidence for an American Pain Society clinical practice guideline. *Spine* 2009;14:1078-1091.

³ Chou R, Baisden J, Carragee EJ, et al. Surgery for low back pain: a review of the evidence for an American Pain Society clinical practice guideline. *Spine* 2009;14:1094-1109.