

The Following Papers Are
Position Papers Of The American Pain Society
Spine 34 (10) in May 2009

Note The Following Facts:

1. SPINAL MANIPULATION IS RECOMMENDED BY THE AMERICAN PAIN SOCIETY AND THE AMERICAN COLLEGE OF PHYSICIANS FOR PRIMARY CARE OF LOW BACK PAIN.

2. PROLOTHERAPY, FACET JOINT INJECTION, INTRADISCAL STEROID INJECTION, AND PERCUTANEOUS INTRADISCAL RADIOFREQUENCY THERMOCOAGULATION ARE NOT EFFECTIVE.

3. EPIDURAL STEROID INJECTIONS GIVE SHORT TERM BUT NOT LONG TERM RELIEF OF PAIN.

4. SPINAL CORD STIMULATION IS MODERATELY EFFECTIVE FOR FAILED BACK SURGERY SYNDROME WITH PERSISTENT RADICULOPATHY, THOUGH DEVICE RELATED COMPLICATIONS ARE COMMON.

5. SURGERY FOR LEG PAIN (RADICULOPATHY) WITH HERNIATED LUMBAR DISC AND SYMPTOMATIC SPINAL STENOSIS IS ASSOCIATED WITH SHORT-TERM BENEFITS COMPARED TO NON-SURGICAL THERAPY THOUGH BENEFITS DIMINISH WITH LONG-TERM FOLLOW-UP.

6. FOR PATIENTS WITH NO LEG PAIN (NON-RADICULAR BACK PAIN) WITH DISC DEGENERATION, FUSION IS NO MORE EFFECTIVE THAN INTENSIVE REHABILITATION, BUT ASSOCIATED WITH SMALL TO MODERATE BENEFITS COMPARED TO STANDARD NONSURGICAL THERAPY.

#1

Chou, R; Loeser, JD; Owens, DK; Rosenquist, RW; Atlas, SJ; Baisden, J; Carragee, EJ; Grabojs, M; Murphy, DR; Resnick, DK; Stanos, SP; Shaffer, WO; Wall, EM: Interventional Therapies, Surgery, and Interdisciplinary Rehabilitation for Low Back Pain An Evidence-Based Clinical Practice Guideline From the American Pain Society. SPINE 2009; 34 (10):1066-1077

Results. Investigators reviewed 3348 abstracts. A total of 161 randomized trials were deemed relevant to the recommendations in this guideline. The panel developed a total of 8 recommendations.

Conclusion. Recommendations on use of interventional diagnostic tests and therapies, surgery, and interdisciplinary rehabilitation are presented. Due to important trade-offs between potential benefits, harms, costs, and burdens of alternative therapies, shared decision-making is an important component of a number of the recommendations.

#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 34 (10). MAY 1 2009. p.1078-1093

Results. For sciatica or prolapsed lumbar disc with radiculopathy, good evidence that chemonucleolysis is moderately superior to placebo injection but inferior to surgery, and fair evidence that epidural steroid injection is moderately effective for short-term (but not long-term) symptom relief was found. Fair evidence that spinal cord stimulation is moderately effective for failed back surgery syndrome with persistent radiculopathy, though device-related complications are common, was found. Good or fair evidence that prolotherapy, facet joint injection, intradiscal steroid injection, and percutaneous intradiscal radiofrequency thermocoagulation are not effective was found. Insufficient evidence exists to reliably evaluate other interventional therapies.

Conclusion. Few nonsurgical interventional therapies for low back pain have been shown to be effective in randomized, placebo-controlled trials.

#3

Chou, R; Baisden, J; Carragee, EJ; Resnick, DK; Shaffer, WO; Loeser, JD Surgery for Low Back Pain A Review of the Evidence for an American Pain Society Clinical Practice Guideline. SPINE 34 (10). MAY 1 2009. p.1094-1109

Results: For non-radicular low back pain with common degenerative changes, fair evidence that fusion is no better than intensive rehabilitation with a cognitive behavioral emphasis for improvement in pain or function, but slightly to moderately superior to standard (non-intensive) nonsurgical therapy was found. Less than half of patients experience optimal outcomes (defined as no more than sporadic pain, slight restriction of function, and occasional analgesics) following fusion. Clinical benefits of instrumented versus non-instrumented fusion are unclear.

For radiculopathy with herniated lumbar disc, good evidence that standard open discectomy and microdiscectomy are moderately superior to nonsurgical therapy for improvement in pain and function through 2 to 3 months was found.

For symptomatic spinal stenosis with or without degenerative spondylolisthesis, good evidence that decompressive surgery is moderately superior to nonsurgical therapy through 1 to 2 years was found. For both conditions, patients on average experience improvement either with or without surgery, and benefits associated with surgery decrease with long-term follow-up in some trials.

Although there is fair evidence that artificial disc replacement is similarly effective compared to fusion for single level degenerative disc disease and that an interspinous spacer device is superior to nonsurgical therapy for 1- or 2-level spinal stenosis with symptoms relieved with forward flexion, insufficient evidence exists to judge long-term benefits or harms.

Conclusion. Surgery for radiculopathy with herniated lumbar disc and symptomatic spinal stenosis is associated with short-term benefits compared to nonsurgical therapy, though benefits diminish with long-term follow-up in some trials. For non-radicular back pain with common degenerative changes, fusion is no more effective than intensive rehabilitation, but associated with small to moderate benefits compared to standard nonsurgical therapy.