ASA Joins 13 Pain Medicine Societies in Response to AHRQ Technology Assessment on Low Back Pain

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On July 29, 2015, ASA joined 13 other pain medicine specialty societies* from the Multi-Society Pain Workgroup (MPW) in a letter to the Agency for Healthcare Research and Quality (AHRQ), raising concerns with the recently published AHRQ Technology Assessment “Pain Management Injection Therapies for Low Back Pain.” While the MPW was originally formed to assist Medicare contractors in developing more consistent local coverage determinations through multi-society consensus recommendations, this represents another collaborative effort between the societies to maintain the high quality of care pain medicine physicians provide to patients. In the letter to AHRQ, the societies request that AHRQ...
revisit several aspects of the Technology Assessment to ensure that the best available evidence is addressed scientifically in order to provide an accurate assessment of the procedures reviewed.

AHRQ is a federal agency that produces evidence “to make health care safer, higher quality, more accessible, equitable, and affordable.” AHRQ publishes Technology Assessments that assess the effectiveness of medical interventions based upon literature reviews and other qualitative and quantitative methods of evaluating data from studies. The information contained in Technology Assessments could be used by the Centers for Medicare & Medicaid Services (CMS) to inform its national coverage decisions for the Medicare program and to provide information to Medicare contractors. Furthermore, CMS provides input on the key questions and scope of the report.

“In this response to the AHRQ is another effort to provide meaningful and multispecialty input to maintain the high quality of care of patients with spinal pain conditions by the societies representing the expert physicians who are most commonly performing these procedures.”

The Technology Assessment on low back pain was published in March 2015 and addresses the effectiveness and harms of epidural, facet joint and sacroiliac corticosteroid injections for low-back pain. AHRQ solicited feedback on the research questions in the Technology Assessment in February-March 2014 and ASA issued an alert to its members on the comment period. In the final report, the authors of the Technology Assessment conclude that epidural steroid injections provide small and unsustainable benefits; there is limited evidence suggesting that epidural injections are not effective for spinal stenosis or nonradicular back pain; there is limited evidence that facet joint injections are not effective; and there is insufficient evidence to evaluate the effectiveness of sacroiliac joint injections.

In the letter to Elise Berliner, Ph.D., the Director of the AHRQ Technology Assessment Program, the societies expressed concern that the methodology used by the report’s authors does not lead to the conclusion that these interventions are ineffective for low back pain, and that the report’s conclusions may erroneously lead to the denial of access to these procedures. The MPW acknowledged the issues of overutilization and inappropriate utilization, but wanted to bring into focus which interventions are effective when treating the various causes of low back pain and explained that the methodology employed by the AHRQ report’s authors (intentionally) cannot and does not make such determinations.

The MPW societies’ concerns fall into five main categories and are best illustrated by the flawed epidural steroid analysis. A summary of these five categories are provided below. For further information, please refer to the full letter at www.asahq.org/advocacy/federal-activities/regulatory-activity/pain-medicine.

1. Assertions Regarding the Nonspecific Nature of Axial and Radicular Pain
Serving as the foundation of their report, the AHRQ authors assert, “In the majority (>85 percent) of patients with low back pain, symptoms cannot be attributed to a specific disease or spinal pathology.” This statement is based only on consensus opinion from 1982 and more recent research demonstrates the ability to further delineate the origin of back pain and radicular symptoms through the utilization of anesthetic and provocative procedures.

2. Evidence-Base Restriction to Randomized Controlled Trials (RCTs)
The efficacy of injection therapies for radicular pain has been the subject of a great deal of research that is totally ignored in this assessment. The exclusion of high-quality observational studies of clinical effectiveness removes important information and context from a synthesis of the literature. In addition, many of the RCTs included in the Technology Assessment review all interventional procedures performed without radiographic guidance, but radiographic guidance is currently recommended for epidural steroid injections to improve the efficacy and safety profile of these procedures.

3. Inadequate Analysis of Patient Selection
Many of the included studies lacked appropriate patient selection and did not delineate patients mainly suffering from axial back pain from those suffering from radicular pathology.

4. Inadequate Analysis of Technical Procedural Performance
The MPW letter emphasized that the techniques utilized in the administration of epidural steroids are also critical, particularly with the use of fluoroscopic guidance, which is now required by most carriers (including MACs). No randomized studies examined the use of image guidance as a

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variable; however, non-randomized studies have shown that up to 74 percent of “epidural” steroid injections performed without image guidance either deposit medication external to the epidural space or do not reach the targeted pathology within the ventral epidural space. The MPW states that image guidance is absolutely essential for the safe and efficacious performance of epidural procedures, based on a large body of scientific evidence.

5. Inadequate Data Analysis: Emphasis on Continuous, not Categorical, Data
Many studies included in this analysis report only continuous data as a comparison between group means in reference to a minimum clinically important difference. However, pain and functional disability data are not normally distributed. Rather, responses are often bimodal, and therefore the appropriate data analysis method should be chosen.

Summary
The MPW composed this letter in the spirit of informed collaboration, as was the intended purpose of the MPW, and to ensure “an accurate assessment of the injection procedures that can be effective tools in the treatment of appropriately selected patients.” Through the work and collaboration of the MPW societies, including ASA, input into coverage determination guidelines has targeted maintaining appropriate interventional pain treatment for patients. This response to the AHRQ is another effort to provide meaningful and multispecialty input to maintain the high quality of care of patients with spinal pain conditions by the societies representing the expert physicians who are most commonly performing these procedures. ASA will continue to work closely with the pain medicine specialty societies on this issue, and as of submission of this article the societies plan to submit the letter for publication. ASA will continue to update members on any response received from Dr. Berliner.


References: