

Cognitive and Mind-Body Treatments for Chronic Low Back and Neck Pain: Effectiveness and Value

Draft Questions for Deliberation: October 19, 2017 Public Meeting

Chronic Low Back Pain

Clinical Evidence

1. For individuals with chronic low back pain,¹ is the evidence adequate to demonstrate that ***acupuncture*** provides additional net health benefit when added to ***usual care***?²

Yes No
2. For individuals with chronic low back pain, is the evidence adequate to demonstrate that ***cognitive behavioral therapy (CBT)*** provides additional net health benefit when added to ***usual care***?²

Yes No
3. For individuals with chronic low back pain, is the evidence adequate to demonstrate that ***mindfulness-based stress reduction (MBSR)*** provides additional net health benefit when added to ***usual care***?²

Yes No
4. For individuals with chronic low back pain, is the evidence adequate to demonstrate that ***yoga*** provides additional net health benefit when added to ***usual care***?²

Yes No
5. For individuals with chronic low back pain, is the evidence adequate to demonstrate that ***tai chi*** provides additional net health benefit when added to ***usual care***?²

Yes No

¹For the purposes of these voting questions, chronic low back pain is defined as pain that is not due to cancer, infection, inflammatory arthropathy, high-velocity trauma, fracture, and pregnancy, and that is not associated with progressive neurologic deficits.

² Usual care is defined as self-care using pain management education, oral analgesic medications such as NSAIDs, and/or physical therapy.

Long-term Value for Money

6. Given the available evidence on comparative effectiveness and incremental cost-effectiveness, and considering other benefits, disadvantages, and contextual considerations, what is the long-term value for money of treatment with ***acupuncture and usual care*** versus ***usual care alone*** for patients with chronic low back pain?
 - a. Low
 - b. Intermediate
 - c. High

7. Given the available evidence on comparative effectiveness and incremental cost-effectiveness, and considering other benefits, disadvantages, and contextual considerations, what is the long-term value for money of treatment with ***CBT and usual care*** versus ***usual care alone*** for patients with chronic low back pain?⁴
 - a. Low
 - b. Intermediate
 - c. High

8. Given the available evidence on comparative effectiveness and incremental cost-effectiveness, and considering other benefits, disadvantages, and contextual considerations, what is the long-term value for money of treatment with ***MBSR and usual care*** versus ***usual care alone*** for patients with chronic low back pain?⁴
 - a. Low
 - b. Intermediate
 - c. High

9. Given the available evidence on comparative effectiveness and incremental cost-effectiveness, and considering other benefits, disadvantages, and contextual considerations, what is the long-term value for money of treatment with ***yoga and usual care*** versus ***usual care alone*** for patients with chronic low back pain?⁴
 - a. Low
 - b. Intermediate
 - c. High

10. Given the available evidence on comparative effectiveness and incremental cost-effectiveness, and considering other benefits, disadvantages, and contextual considerations, what is the long-term value for money of treatment with ***tai chi and usual care*** versus ***usual care alone*** for patients with chronic low back pain?⁴
 - a. Low
 - b. Intermediate
 - c. High



Chronic Neck Pain

Clinical Evidence

11. For individuals with chronic neck pain,³ is the evidence adequate to demonstrate that ***cognitive and mind-body therapies*** provide additional net health benefit when added to ***usual care***?

Yes No

³ For the purposes of these voting questions, chronic neck pain is defined as pain that is not due to cancer, infection, inflammatory arthropathy, high-velocity trauma (excluding whiplash), fracture, and pregnancy, and that is not associated with progressive neurologic deficits.