

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

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**?

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**?

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**?

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**?

Yes No
6. For individuals with chronic low back pain, is the evidence adequate to distinguish the additional *net health benefits* provided by **acupuncture, CBT, MBSR, yoga, and tai chi**?

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 pain management education, oral analgesic medications such as NSAIDs, and/or physical therapy.

Long-term Value for Money

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 **acupuncture and usual care** versus **usual care alone** for patients with chronic low back pain?
 - 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 **CBT and usual care** versus **usual care alone** for patients with chronic low back pain?
 - 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 **MBSR and usual care** versus **usual care alone** for patients with chronic low back pain?
 - 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 **yoga and usual care** versus **usual care alone** for patients with chronic low back pain?
 - a. Low
 - b. Intermediate
 - c. High

11. 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?
 - a. Low
 - b. Intermediate
 - c. High



Chronic Neck Pain

Clinical Evidence

12. 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.