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.
²Usual 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?
   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?
   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?
   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?
    a. Low  b. Intermediate  c. High
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.