



# Effective Health Care

## Diagnosis and Treatment of Low Back Pain Nomination Summary Document

### Results of Topic Selection Process & Next Steps

- Diagnosis and treatment of low back pain was found to be addressed by the 2007 American College of Physicians and American Pain Society joint clinical practice guidelines titled *Diagnosis and Treatment of Low Back Pain* and the two evidence syntheses conducted by an AHRQ Evidence-based Practice Center (EPC) on which these guidelines were based. Given that the existing products cover this nomination, no further activity will be undertaken on this topic.
  - Chou R., Qaseem A., Snow V., Casey D. et al. (The Clinical Efficacy Assessment Subcommittee of the American College of Physicians and the American College of Physicians/American Pain Society Low Back Pain Guidelines Panel). *Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society*. *Annals of Internal Medicine* 2007. 147: 478-491. Available at: <http://www.annals.org/cgi/reprint/147/7/478.pdf>.
  - Chou, R, and Huffman, LH. Medications for Acute and Chronic Low Back Pain: A Review of the Evidence for an American Pain Society/American College of Physicians Clinical Practice Guideline. *Ann Intern Med*. 2007;147:505-514. Available at: <http://www.annals.org/cgi/reprint/147/7/505.pdf>.
  - Chou, R, and Huffman, LH. Nonpharmacologic Therapies for Acute and Chronic Low Back Pain: A Review of the Evidence for an American Pain Society/American College of Physicians Clinical Practice Guideline. *Ann Intern Med*. 2007;147: 492-504. Available at: <http://www.annals.org/cgi/reprint/147/7/492.pdf>.

### Topic Description

**Nominator:** Individual

**Nomination Summary:** The nominator states that low back pain, particularly nonspecific low back pain, is a common and overly-treated diagnosis resulting in huge amounts of unnecessary spending. The nominator states that there are many evidence-based guidelines that contain contradictions, and doctors continue to disregard the evidence even on subjects in which there is concordance. The nominator states that low back pain should be addressed through support and more simple self care techniques during the early stages and that imaging, referrals to specialists, and large amounts of prescription drugs can prolong recovery. The nominator indicates that a comparison of existing guidelines and easy access to the information contained in these guidelines may be a step towards greater usage of evidence-based recommendations in practice.

**Key Questions  
from Nominator:**     None

## Considerations

- The topic meets EHC Program appropriateness and importance criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- This topic was found to be addressed by American College of Physicians and American Pain Society joint clinical practice guidelines titled *Diagnosis and Treatment of Low Back Pain* and two systematic reviews conducted by an AHRQ EPC. The review titled *Medications for Acute and Chronic Low Back Pain: A Review of the Evidence for an American Pain Society/American College of Physicians Clinical Practice Guideline* reviews current evidence on benefits and harms of medications for acute and chronic low back pain including acetaminophen, NSAIDs, antidepressants, benzodiazepines, antiepileptic drugs, skeletal muscle relaxants, opioid analgesics, tramadol, systemic corticosteroids, and dual medication therapy. The review titled *Nonpharmacologic Therapies for Acute and Chronic Low Back Pain: A Review of the Evidence for an American Pain Society/American College of Physicians Clinical Practice Guideline* assesses benefits and harms of acupuncture, back schools, psychological therapies, exercise therapy, functional restoration, interdisciplinary therapy, massage, physical therapies (interferential therapy, low-level laser therapy, lumbar supports, shortwave diathermy, superficial heat, traction, transcutaneous electrical nerve stimulation, and ultrasonography), spinal manipulation, and yoga for acute or chronic low back pain (with or without leg pain).