SCOPE STATEMENT FOR HERC COVERAGE GUIDANCE

LOW BACK PAIN: MINIMALLY INVASIVE AND NON-CORTICOSTEROID PERCUTANEOUS INTERVENTIONS

Population description	Adults with acute, subacute, or chronic low back pain with or without radiculopathy *Population scoping notes: None*
Intervention(s)	Local injections (including trigger point injections), botulinum toxin injection, coblation nucleoplasty, radiofrequency denervation, prolotherapy, intradiscal electrothermal therapy (IDET), medial branch block, percutaneous intradiscal radiofrequency thermocoagulation, lumbar radiofrequency neurotomy, spinal cord (dorsal column) stimulators, sacroiliac joint injections *Intervention exclusions: Corticosteroid injections are considered separately*
Comparator(s)	Other interventions for low back pain (including others listed above), no treatment
Outcome(s) (up to five)	Critical: Short-term function, long-term function, long-term risk of undergoing surgery Important: Adverse events, change in utilization of comparators *Considered but not selected for GRADE Table: Pain*
Key questions	1. What is the comparative effectiveness of non-corticosteroid percutaneous or minimally invasive interventions for low back pain? 2. Does the comparative effectiveness of the interventions vary by: a. Duration of back pain b. Etiology of back or radicular pain (e.g., stenosis, disc herniation) c. Frequency of the intervention d. Anatomic approach e. Use of imaging guidance f. Previous back surgery g. Response to previous percutaneous interventions h. Risk level for poor functional prognosis i. Comorbidities (physical or behavioral) 3. What are the harms of non-corticosteroid percutaneous or minimally invasive interventions for low back pain?

Contextual questions	1. Does the use of these therapies affect subsequent use of health care resources? 2. How would availability of these therapies affect the need for advanced imaging to determine appropriate candidates for these interventions? 3. Does the effectiveness of these interventions depend on prior treatments the patient has received?

CHANGE LOG

Date	Change	Rationale