AMERICAN ASSOCIATION OF
NEUROLOGICAL SURGEONS
KATHLEEN T. CRAIG, *Executive Director*
5550 Meadowbrook Drive
Rolling Meadows, IL 60008
Phone: 888-566-AANS
Fax: 847-378-0600
info@aans.org

President
ALEX B. VALADKA, MD
Richmond, Virginia

CONGRESS OF
NEUROLOGICAL SURGEONS
REGINA SHUPAK, *CEO*
10 North Martingale Road, Suite 190
Schaumburg, IL 60173
Phone: 877-517-1CNS
FAX: 847-240-0804
info@1CNS.org

President
ALAN M. SCARROW, MD
Springfield, Missouri

April 28, 2017

Institute for Clinical and Economic Review (ICER)
Two Liberty Square, Ninth Floor
Boston, MA 02109

SUBJECT: ICER Scoping Document on Certain Non-pharmacologic Interventions for Chronic Low Back and Neck Pain

Dear Colleagues:

The American Association of Neurological Surgeons (AANS), Congress of Neurological Surgeons (CNS) and the AANS/CNS Joint Section on the Disorders of the Spine and Peripheral Nerves (AANS/CNS DSPN) appreciate the opportunity to review the scoping document prepared by the Institute for Clinical and Economic Review (ICER). This paper is intended to inform the California Technology Assessment Forum's (CTAF) consideration of coverage policy for certain non-pharmacologic interventions for chronic low back and neck pain.

The scoping document reports in the background section the estimated costs of back and neck pain in the United States was $88 billion in 2013. The report further states that the costs for the management of these entities have increased faster than any other group of diagnoses (from 30.4 billion in 1996 to 87.6 billion in 2013). We are concerned that there is no stratification of the costs associated with the various therapies — surgical, injection therapy, physical therapy, etc. We believe that it is essential to identify that the increase in costs is not related to surgical intervention, but rather various nonoperative forms of intervention.[1]

It is evident from the analytical framework used to assess the different therapies that the primary focus is to examine acupuncture, cognitive behavioral therapy, mindfulness, yoga and Tai Chi. The intent of the study is to compare each of these modalities to each other and the "usual care." We would ask further clarity of the definition of "usual care" and whether or not that will include surgical intervention. In conjunction with that question is further clarity regarding the patient population. What patients will be excluded from this study? For instance, a patient with chronic neck pain in the context of progressive myelopathy from advanced cervical spondylosis would benefit little from mindfulness or Tai Chi and benefit most from decompression of their spinal cord.[2,3] From our review of the scoping document, it is not apparent how patients with chronic pain with a structural element to their pain such as scoliosis, spondylolisthesis, metastatic or primary neoplastic disease will be identified or handled. The literature has demonstrated the cost benefit of timely intervention in these patients.[4,5,6,7,8]

WASHINGTON OFFICE
KATIE O. ORRICO, *Director*
725 Fifteenth Street, NW, Suite 500 Washington, DC 20005
Phone: 202-628-2072 Fax: 202-628-5264 E-mail: korrico@neurosurgery.org

The AANS, CNS and AANS/CNS DSPN believe that pain in and of itself is not an indication for surgical intervention and that there may be a role for cognitive and mind-body therapy for a number of patients with chronic neck and low back pain. However, we would like to emphasize the importance of exhaustive diagnostic imaging and comprehensive neurological assessment to identify those individuals who would benefit most from timely surgical intervention as opposed to non-operative measures, regardless of modality.

We appreciate the ability to share our comments with the ICER and look forward to participating in this process.

Sincerely,

Alex B. Valadka, MD, President
American Association of Neurological Surgeons

Alan M. Scarrow, MD, President
Congress of Neurological Surgeons

Marjorie C. Wang, MD, Chair
AANS/CNS Joint Section on Disorders of the
Spine and Peripheral Nerves

Staff Contact:
Catherine Jeakle Hill
Senior Manager, Regulatory Affairs
AANS/CNS Washington Office
725 15th Street, NW, Suite 500
Washington, DC 20005
Phone: 202-446-2026 Fax: 202-628-5264
E-mail: Chill@neurosurgery.org

References:

[1] O'Lynnger TM1, Zuckerman SL, Morone PJ, Dewan MC, Vasquez-Castellanos RA, Cheng JS. Trends for Spine Surgery for the Elderly: Implications for Access to Healthcare in North America. Neurosurgery. 2015 Oct;77 Suppl 4:S136-41.

[2] Lebl DR, Bono CM. Update on the Diagnosis and Management of Cervical Spondylotic Myelopathy. J Am Acad Orthop Surg. 2015 Nov;23(11):648-60.

[3] Rhee JM, Shamji MF, Erwin MW, Bransford RJ, Yoon T, Smith JS, Kim HJ, Ely CG, Dettori JR, Patel AA, Kalsi-Ryan S. Nonoperative management of cervical myelopathy: a systematic review. Spine 2013; 38(22 Supplement): S55-S67.

[4] McCarthy I1, O'Brien M, Ames C, Robinson C, Errico T, Polly DW Jr, Hostin R; International Spine Study Group. Incremental cost-effectiveness of adult spinal deformity surgery: observed quality-adjusted life years with surgery compared with predicted quality-adjusted life years without surgery. Neurosurg Focus. 2014 May;36(5):E3.

[5] Weinstein JN1, Tosteson TD, Lurie JD, Tosteson AN, Blood E, Hanscom B, Herkowitz H, Cammisa F, Albert T, Boden SD, Hilibrand A, Goldberg H, Berven S, An H; SPORT Investigators. Surgical versus nonsurgical therapy for lumbar spinal stenosis. N Engl J Med. 2008 Feb 21;358(8):794-810.

[6] Weinstein JN, Lurie JD, Tosteson TD, Hanscom B, Tosteson AN, Blood EA, Birkmeyer NJ, Hilibrand AS, Herkowitz H, Cammisa FP, Albert TJ, Emery SE, Lenke LG, Abdu WA, Longley M, Errico TJ, Hu SS. Surgical versus nonsurgical treatment for lumbar degenerative spondylolisthesis. N Engl J Med. 2007 May 31;356(22):2257-70.

[7] Adogwa O, Parker SL, Davis BJ, Aaronson O, Devin C, Cheng JS, McGirt MJ. Cost-effectiveness of transforaminal lumbar interbody fusion for Grade I degenerative spondylolisthesis. J Neurosurg Spine. 2011 Aug;15(2):138-43.

[8] Klimo P Jr1, Schmidt MH. Surgical management of spinal metastases. Oncologist. 2004;9(2):188-96.