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.\(^4,5,6,7,8\)
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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,

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American Association of Neurological Surgeons

Alan M. Scarrow, MD, President
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References:


