



## **Joint Position Statement: Updated ACOEM Chronic Pain and Low Back Guidelines**

### **Preface**

Clinical guidelines developed and promoted by the American College of Occupational and Environmental Medicine (ACOEM) are currently being used or considered by some state workers' compensation programs as coverage criteria for a range of pain-related tests, therapies and interventions. Our organizations — which nationally represent patient advocates and physician specialists in pain medicine, interventional pain, spinal pain and neuromodulation treatments — are deeply concerned with ACOEM's guideline development process and possible adoption by governments and payers. We are especially concerned with ACOEM's recently updated Low Back and draft Chronic Pain guidelines.

These guidelines have a number of flaws that must be addressed before they can serve as a credible tool to guide clinical decisions. While we strongly support the use of evidence-based medicine to guide clinical decisions, we oppose the inappropriate use of guidelines as strict coverage criteria by public or private payers. Regardless of the intended use, it is extremely important that any treatment guideline be methodologically sound and include the significant input and involvement of the appropriate specialty medical societies most relevant to the treatments and tests being reviewed. Unfortunately, the newly updated ACOEM chapters do not satisfy these important criteria. Serious flaws in these recently updated guidelines include:

### **1. Extremely Limited Expert Review of Pain-Related Tests, Therapies and Interventions**

ACOEM's recently revised Low Back Chapter and draft Chronic Pain Chapter evaluate 185 and 200 separate tests, therapies and interventions, respectively. In the Low Back Chapter, for example, only two specialty societies with a specific focus on interventional pain medicine were provided an opportunity to review this document. Notable society omissions included the American Academy of Pain Medicine, the International Spine Intervention Society, the American Society of Anesthesiologists and the American Association of Neurological Surgeons. While the American Society of Interventional Pain Physicians (ASIPP) and the North American Neuromodulation Society (NANS) were consulted by ACOEM, both societies objected strongly to the draft guidelines as deeply flawed and not reflective of comments provided by these external reviewers. Further, their comments and concerns were neither adopted in the document nor made available for public review by ACOEM in the final work product. With such limited expert review and the omission of comments offered by ASIPP and NANS, ACOEM's guidelines cannot credibly evaluate or claim to accurately understand interventional pain medicine, let alone an extremely complex sub-specialty area such as neuromodulation.

### **2. Elimination of Approximately 50 Percent of Tests, Therapies and Interventions**

In the Low Back Chapter, 54 percent (99/185) of all tests, therapies and interventions reviewed are not recommended by ACOEM; in the Chronic Pain chapter, 44 percent (87/200) are not recommended, including some with multiple, randomized controlled studies supporting the therapy. It must be noted that the Centers for Medicare and Medicaid Services (CMS), the Veteran's Administration and private payors throughout the country apply rigorous scientific

standards in their coverage decisions and have made the determination to cover many of these “not recommended” therapies.

### **3. Incomplete and Outdated Evidence**

Both the Low Back and Chronic Pain Chapters omit a number of high-quality, peer-reviewed studies. Further, these documents inappropriately include a number of outdated citations, resulting in a distorted assessment of numerous therapies. Some interventions for which ACOEM either substantially omitted important studies or incorporated outdated studies include therapeutic and diagnostic facet joint injections, discography, epidural injections, intrathecal drug delivery systems (IDDS) and spinal cord neurostimulators (SCS) for neuropathic pain.

### **4. Inconsistencies in the Application of ACOEM’s Evidence-Ranking Criteria**

48 percent (38/80) of all recommended tests, therapies and interventions in the Chronic Pain Chapter are supported by evidence ACOEM ranks as “insufficient.” Despite the use of evidence-ranking criteria, it would seem that many of ACOEM’s recommendations ultimately come down to the “consensus opinion” of its guidelines author panel, not an objective weighing of evidence. While that approach is fully appropriate in many cases, it is critically important that a fair and balanced, representative group of medical experts be involved in developing consensus opinion. Unfortunately, there is no indication that such a group was consulted in this process.

### **5. Sale and Competitive Positioning of ACOEM Guidelines**

The marketing, sales and public advocacy efforts by ACOEM to promote its guidelines stand in stark contrast to other established medical societies who typically develop and disseminate clinical guidelines free of charge as a public good intended to advance medical understanding and guide treatment decisions.

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### **Position Statement**

ACOEM’s recommendations would, if implemented as coverage criteria, dramatically and negatively impact access to widely accepted therapies for injured workers throughout the country.

Without a substantial change in ACOEM’s guidelines development process, far greater inclusion of those specialty societies that are considered expert in the very therapies being reviewed, and a more fair and balanced process and product, our organizations do not support the use of these guidelines to guide treatment decisions for injured workers and we strongly oppose their use by insurers, government agencies and other parties as criteria for coverage or payment of pain-related therapies.

**American Academy of Pain Medicine**  
**American Pain Foundation**  
**American Society of Interventional Pain Physicians**  
**International Spine Intervention Society**  
**National Pain Foundation**  
**Neuromodulation Therapy Access Coalition**  
**North American Neuromodulation Society**

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For more information, contact the Neuromodulation Therapy Access Coalition (NTAC) at [eric@neuromodulationaccess](mailto:eric@neuromodulationaccess) or visit us at [www.neuromodulationaccess.org](http://www.neuromodulationaccess.org).