

SCOPE STATEMENT FOR HERC COVERAGE GUIDANCE

CORTICOSTEROID INJECTIONS FOR LOW BACK PAIN

Population description	Adults with acute, subacute, or chronic low back pain with or without radiculopathy <i>Population scoping notes: None</i>
Intervention(s)	Epidural, facet joint, or sacroiliac corticosteroid injections <i>Intervention exclusions: None</i>
Comparator(s)	Other injection therapies (e.g., local anesthetics, hyaluronic acid, or saline), physical therapy, home exercise programs, medications (e.g., oral corticosteroids, opioids, nonsteroidal anti-inflammatory drugs), complementary and alternative therapies (e.g., acupuncture, yoga, chiropractic therapy, Alexander technique), soft tissue injections, ablative interventions, surgery, 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 (e.g., opioids, surgery) <i>Considered but not selected for GRADE Table: Immediate-, short- and long-term pain, immediate-term function</i>
Key questions	<ol style="list-style-type: none"> 1. What is the comparative effectiveness of corticosteroid injection therapies for low back pain? 2. Does the effectiveness of corticosteroid injection therapies for low back pain vary based on: <ol style="list-style-type: none"> a. Duration of back pain b. Etiology of back or radicular pain (e.g., stenosis, disc herniation) c. Choice of corticosteroid, dose, or frequency d. Anatomic approach e. Use of imaging guidance f. Previous back surgery g. Response to previous diagnostic injections h. Response to previous injection therapies 3. What are the harms of corticosteroid injection therapies for low back pain?
Contextual questions	<ol style="list-style-type: none"> 1. Does the use of these therapies influence subsequent utilization of health care resources (e.g., chiropractic, opioids, acupuncture, physical therapy)? 2. Does the effectiveness of these interventions depend on prior treatments the patient has received?

CHANGE LOG

Date	Change	Rationale
1/26/2015	<ol style="list-style-type: none">1. Added subacute to population, and qualified that pain could be with or without radiculopathy2. Added surgery to comparators3. Changed Key Question 2:<ol style="list-style-type: none">a. duration of back pain rather than whether the pain was acute or chronicb. Changed “Etiology of back pain (e.g. stenosis, radicular pain)” to “Etiology of back or radicular pain (e.g. stenosis, disc herniation)”c. Added “response to previous diagnostic injections	Based on public comment
3/10/2016	HERC changed the name of this topic to “Corticosteroid Injections for Low Back Pain” and split it from the topic of Percutaneous Interventions for Low Back Pain.	More limited scope of interventions than original topic.