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May 15, 2025

Dr. Kamran Abbasi, Editor
British Medical Journal (BMJ)
Sent electronically via email: editor@bmj.com

RE: "Commonly Used Interventional Procedures for Non-Cancer Chronic Spine Pain: A Clinical Practice Guideline"

Dear Dr. Abbasi,

On behalf of the American Academy of Physical Medicine and Rehabilitation (AAPM&R), I am responding to the BMJ's Clinical Practice Guideline titled, "Commonly Used Interventional Procedures for Non-Cancer Chronic Spine: A Clinical Practice Guideline," by Wang et al.

Many PM&R physicians practice pain management and utilize interventional procedures among other treatment options. A select group of AAPM&R members with expertise in clinical practice guideline development and in pain management evaluated the *BMJ* guideline using the Appraisal of Guidelines for Research & Evaluation (AGREE) II Tool. The Academy acknowledges that the guideline presents a structured methodology and also recognizes the need to continue to advance the rigor of scientific research and evidence focused on treatment of patients with non-cancer chronic spine pain. **The AAPM&R respectfully rejects the value of the "Commonly Used Interventional Procedures for Non-Cancer Chronic Spine Pain" Guideline based on our evaluation process.** To understand this decision, please see below detailed rationale regarding our concerns:

- The guideline groups pain interventions that are clinically unrelated. The pain procedures in question treat different spine and musculoskeletal etiologies, which include but are not limited to radiculopathy, spinal stenosis, facet-mediated pain, and myofascial pain. Furthermore, the guideline references interventions and procedures that are not considered common practice (i.e. pulsed radiofrequency, radiofrequency of the dorsal root ganglion) and compares them with commonly used procedures.
- While we recognize that a systematic review may not realistically capture every relevant study, the systematic review by Busse et al that informs the clinical practice guideline omits several critical studies including research that shows the efficacy of epidural injections and medial branch radiofrequency neurotomy. Admittedly, many of these studies were

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correctly omitted based on the systematic review's methodology for inclusion criteria. However, we question the authors' methodological choices. One of the most concerning aspects to the methodology was the following:

> "Based on feedback from clinical experts on the guideline panel, we used the following rules to guide our selection of longest follow-up time for data collection when trials reported multiple time points:
> a. For joint-targeted injections, epidural injections, and intramuscular injections, we collected outcome data at the follow-up time closest to, but not beyond, three months from the last procedure.
> b. For nerve radiofrequency procedures, we collected outcome data at the follow-up time closest to, but not beyond, six months from the last procedure."

These time periods are arbitrary and inaccurate, particularly as pertains to radiofrequency neurotomy of the medial branch nerves, which studies have shown to provide durable pain relief upwards of 9-12 months. By selecting the data in this way, the authors may have inadvertently eliminated studies showing long term durable outcomes from these procedures in question.

- **The guideline makes definitive, sweeping recommendations against use of injections and lacks crucial discussion surrounding adverse events that would justify such a strong and potentially dangerous recommendation.** Using the GRADE framework, the authors at best could have been justified in making a conditional recommendation(s) instead of the strong recommendations against injections recognizing the lack of published evidence on adverse events. The guideline also fails to explore any alternative approaches for managing chronic pain, potentially leaving physicians, patients, payers and policy makers at a loss for making sound treatment and coverage decisions.
- The guideline development process does not appear to involve any stage during which input was sought from relevant national medical specialty societies which is aberrant from typical guideline development and creates a large gap in achieving consensus and applicability for the recommendations in the document. We respectfully suggest that the guideline development group could have greatly benefitted from additional participation of physicians with relevant clinical expertise and experience. In addition, per normal protocol, the resulting guideline could have been strengthened by undergoing additional review by external experts prior to publication.
- While we give credit to the authors for attempting to include the appropriate shareholders, another concern is that it is not clear how they

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selected the four pain patients. Again, just as with physician participation, the guideline would have benefited from additional patient insight (e.g., involving different pain support groups or national organizations representing patients).

- There is a failure to address how the guideline recommendations align with the implementation goals (e.g., for advocacy, policy change) or the anticipated impacts of recommendation adoption on individuals (e.g., patients, populations, target users), organizations, and/or systems. Specifically, if we eliminate or limit patient access for interventional procedures, then this may result in the increased utilization of surgical treatments. Although this might not be a required component of *BMJ* rapid recommendations, it indicates a significant weakness for the guideline overall.

The Academy's rejection of the guideline implies that the guideline does not meet AAPM&R standards and is not viewed as a benefit for membership of AAPM&R. Furthermore, we feel it would have a negative impact on patient care if implemented in medical practice. We appreciate the efforts of *The BMJ* to commission development of a guideline to evaluate interventions for chronic spine pain, and we are aware the publication has received media attention. To that end, it is our hope that the interest shown in this topic will shine a light on the significant need for ongoing clinical research**. In the meantime, we are very concerned that the recommendations in the current guideline will restrict access to necessary treatments that are provided by PM&R physicians and can significantly benefit patients with chronic pain.**

Thank you for the opportunity to comment on the BMJ Clinical Practice Guideline, "Commonly Used Interventional Procedures for Non-Cancer Chronic Spine Pain." Please direct any questions or concerns to AAPM&R Staff at healthpolicy@aapmr.org.

Sincerely,

Scott Laker, MD
President