

# Musculoskeletal Health Network and Neurosciences & the Senses Health Network

## Spinal Pain Model of Care

Prepared by the Spinal Care  
Working Party  
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Government of **Western Australia**  
Department of **Health**



## Appendix 2: Review of Evidence: Treatment Interventions for Spinal Pain

| Acute Non-specific Low Back Pain   |  |   |
|--|--|---|
| Deemed to be effective   | Unknown effectiveness  | Ineffective or harmful                  |
| Paracetamol (for mild to moderate pain), NSAID's (for more severe pain), skeletal muscle relaxants, education about the problem, advice to stay active, promote self efficacy, spinal manipulation, heat wrap therapy, Multidisciplinary treatment for sub acute LBP,  | Antidepressants, antiepileptic drugs, opioids, acupuncture, back schools, behavioural therapy, multidisciplinary treatment (for ALBP), TENS/IFT, LASER, short wave diathermy, massage, traction, lumbar supports, ultrasound, yoga and EMG/biofeedback | Bed rest and specific back exercises    |
| Chronic Non-specific Low Back Pain   |  |   |
| Deemed to be effective   | Unknown effectiveness  | Ineffective or harmful                  |
| tricyclic antidepressants, NSAID's, skeletal muscle relaxants, supervised exercise, intensive multidisciplinary treatment programmes, acupuncture, psychological interventions, spinal manipulation and back schools<br><br>Fair evidence for efficacy: opioids (for severe/disabling pain), Benzodiazepines | Massage, EMG biofeedback, lumbar supports, LASER, heat and ultrasound  | Traction, TENS and short wave diathermy |
| Nerve root pain  |  |   |
| Deemed to be effective   | Unknown effectiveness  | Ineffective or harmful                  |
| Spinal manipulation and anti-epileptic drugs e.g. Gabapentin   | Traction   | NSAID's and systemic corticosteroids    |

### Invasive Treatment

| Acute Non-Specific Low Back Pain  |  |                        |
|---|--|------------------------|
| Deemed to be effective  | Unknown effectiveness  | Ineffective or harmful |
| None of the reviewed documents endorsed invasive treatment in the management of acute non specific lower back pain. There is little high quality evidence on invasive treatment for acute nerve root pain. There are strong clinical grounds for considering surgery in patients with significant, progressive neurological loss or signs of cauda equina involvement |  |                        |
| Chronic Non Specific Low Back Pain  |  |                        |
| Deemed to be effective  | Unknown effectiveness  | Ineffective or harmful |
| Lumbar fusion (better than unstructured conservative care, but no better than intensive multidisciplinary conservative care)  | Facet joint injections, trigger point injections, intradiscal injections, prolotherapy, radiofrequency facet denervation, intradiscal radiofrequency lesioning, intradiscal electrothermal therapy, disc replacement, dynamic fusion |                        |