Table 1: Interventional therapies, surgery, and interdisciplinary rehabilitation for low back pain

Recommendation	Strength of recommendation	Quality of evidence
1. In patients with chronic nonradicular low back pain, provocative discography is not recommended as a procedure for diagnosing discogenic low back pain. There is insufficient evidence to evaluate validity or utility of diagnostic selective nerve root block, intra-articular facet joint block, medial branch block, or sacroiliac joint block as diagnostic procedures for low back pain with or without radiculopathy.	Strong	Moderate
2. In patients with nonradicular low back pain who do not respond to usual, noninterdisciplinary interventions, it is recommended that clinicians consider intensive interdisciplinary rehabilitation with a cognitive/behavioral emphasis. Chronic back pain is a complex condition that involves biologic, psychological, and environmental factors. For patients with persistent and disabling back pain despite recommended noninterdisciplinary therapies, clinicians should counsel patients about interdisciplinary rehabilitation (defined as an integrated intervention with rehabilitation plus a psychological and/or social/occupational component) as a treatment option.	Strong	High
3. In patients with persistent nonradicular low back pain, facet joint corticosteroid injection, prolotherapy, and intradiscal corticosteroid injection are not recommended. There is insufficient evidence to adequately evaluate benefits of local injections, botulinum toxin injection, epidural steroid injection, intradiscal electrothermal therapy (IDET), therapeutic medial branch block, radiofrequency denervation, sacroiliac joint steroid injection, or intrathecal therapy with opioids or other medications for nonradicular low back pain.	Strong	Moderate
4. In patients with nonradicular low back pain, common degenerative spinal changes, and persistent and disabling symptoms, it is recommended that clinicians discuss risks and benefits of surgery as an option. It is recommended that shared decision-making regarding surgery for nonspecific low back pain include a specific discussion about intensive interdisciplinary rehabilitation as a similarly effective option, the small to moderate average benefit from surgery versus noninterdisciplinary nonsurgical therapy, and the fact that the majority of such patients who undergo surgery do not experience an optimal outcome (defined as minimum or no pain, discontinuation of or occasional pain medical use, and return of high-level function).	Weak	Moderate
5. In patients with nonradicular low back pain, common degenerative spinal changes, and persistent and disabling symptoms, there is insufficient evidence to adequately evaluate long-term benefits and harms of vertebral disk replacement.		Insufficient
6. In patients with persistent radiculopathy due to herniated lumbar disk, it is recommended that clinicians discuss risks and benefits of epidural steroid injection as an option. It is recommended that shared decision-making regarding epidural steroid injection include a specific discussion about inconsistent evidence showing moderate short-term benefits and lack of long-term benefits. There is insufficient evidence to adequately evaluate benefits and harms of epidural steroid injection for spinal stenosis.	Weak	Moderate
7. In patients with persistent and disabling radiculopathy due to herniated lumbar disk or persistent and disabling leg pain due to spinal stenosis, it is recommended that clinicians discuss risks and benefits of surgery as an option. It is recommended that shared decision making regarding surgery include a specific discussion about moderate average benefits, which appear to decrease over time in patients who undergo surgery.	Strong	High
8. In patients with persistent and disabling radicular pain following surgery for herniated disk and no evidence of a persistently compressed nerve root, it is recommended that clinicians discuss risks and benefits of spinal cord stimulation as an option. It is recommended that shared decision-making regarding spinal cord stimulation include a discussion about the high rate of complications following spinal cord stimulator placement.	Weak	Moderate

Excerpted with permission from Chou R, Loeser JD, Owens DK, et al: Interventional therapies, surgery, and interdisciplinary rehabilitation for low back pain: An evidence-based clinical practice guideline from the American Pain Society. Spine 34:10;1066-1077. The complete guideline can be found at http://journals.lww.com/spinejournal/Abstract/2009/05010/Interventional_Therapies,_Surgery,_and.14.aspx