Comments on Oregon Health Authority's Draft Scope Statement on Discography (7/20/2016)

Comments Submitted to Oregon Health Authority on July 27, 2016 by:

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The Spine Intervention Society, a multi-specialty association of over 2600 physicians dedicated to the development and promotion of high quality interventional spine care, extends to Oregon Health Authority (OHA) an offer to provide expert input. We are fully cognizant of inappropriate utilization, and therefore wish to identify effective interventions. Without appropriate questions and evidence inclusion/exclusion criteria, the report will not facilitate such determinations, leading to egregious denial of access to procedures for many patients. The methodology employed and questions addressed must ensure that the highest quality evidence is addressed scientifically, providing an accurate assessment of these procedures.

We urge OHA to establish a reasonable comment period to allow for adequate consideration and rigorous comments intended to ensure the resulting coverage guidance is accurate and useful. A seven-day comment period is grossly inadequate to enable careful review. The comments below represent a quick assembly of some key issues identified over the past few days. We invite you to contact us for additional assistance and guidance.

**TOPIC: LUMBAR DISCOGRAPHY**

**PICO Methodology**

- **Interventions:** Current standards mandate provocation during discography.(1) Suggest inclusion criteria restrict to provocation discography for assessment of diagnostic/prognostic value of lumbar discography.
- **Comparators:** The diagnostic entities listed for comparison with lumbar discography have not been validated as tests to diagnose discogenic low back pain, thus should not be compared to diagnostic provocation discography.
Outcomes: Since discography is not a treatment, it is not relevant to assess changes in function as a result of this procedure.

**Questions**

Question #1: Lumbar provocative discography has been validated as a test to diagnose “discogenic pain” resulting from internal disc disruption. Although “discogenic pain” may cause “low back pain”, it presents only one of many pathologies leading to this well-known and debilitating symptom. Neither provocation discography nor other diagnostic tests can diagnose a symptom known as “low back pain”.

Only studies implementing appropriate provocation discography technique and interpretation should be included. The diagnostic gold standard has evolved in order to maximize the positive predictive value, minimize false positive tests, and prevent harm (particularly with regard to pressurization limits) when performing provocation discography. The SIS and the International Association for the Study of Pain (IASP) consensus guidelines require:

1) Concordant pain response of $\geq 6/10$
2) Volume limit of 3 mL
3) Pressurization of the disc to no greater than 50 psi or 15 psi above opening pressure
4) Adjacent disc(s) provide controls.
   a. For one control disc:
      i. Painless response
         OR
      ii. Non-concordant pain that occurs at a pressure $>15$ psi over opening pressure
   b. For two adjacent control discs:
      i. Painless response at both levels
         OR
      ii. One painless disc AND one disc with non-concordant pain that occurs at a pressure $>15$ psi over opening pressure

Much of the existing literature is based on *inappropriate* provocation discography technique and, thus, provides misleading data regarding the diagnostic/prognostic value and harms of this procedure.(3-16) Alternatively, a subset of studies that utilize *appropriate* technique do address the questions posed in this scope statement.(17-23)

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**References:**