

**Proposed Lower Back Treatment Guidelines
New York State Workers' Compensation Board (WCB)**

Background & Talking Points

- In late January, the WCB posted draft Lower Back Treatment Guidelines covering a wide-range of tests, therapies and interventions used to treat injured workers. It is critical that you contact State legislators immediately and ask them to tell the WCB not to publish the guidelines as a regulation.
- To a large degree, these draft guidelines are based on the flawed Lower Back treatment guidelines promulgated by the American College of Occupational and Environmental Medicine (ACOEM).
- If implemented by the WCB, they would...
 - dramatically reduce access to care for the state's injured workers.
 - create a two-tier system of care, with injured workers at the bottom.
 - make it impossible for pain physicians in New York to continue to provide the highest standard of care for injured workers.
- Examples include:
 - Eliminating spinal cord stimulation as a treatment option for patients with devastating, neuropathic pain. This is a therapy that enjoys a National Coverage Decision by Medicare; is covered by all major private payers in New York State; recently received a highly positive recommendation by the world's foremost health technology assessment body – the United Kingdom's National Institute for Clinical Health & Excellence, which found that SCS is both clinically and cost-effective for neuropathic pain and should be an option for the entire National Health Service;
 - Eliminating facet joint injections as a treatment option (Dx only);
 - Eliminating epidural injections for chronic pain;
 - Eliminating nerve blocks as a treatment option (Dx only).
- Legislators need to know about this issue. We respectfully request that they contact the WCB to halt any formal rulemaking on the draft guidelines until a new process is established to fully review and amend the document with the involvement of relevant pain and interventional pain societies.
- Injured workers in the state of New York deserve no less than the same treatment options and access to care afforded the rest of the state's insured populations.