

Variation in Clinical Practice Guidelines for Lumbar Radiofrequency Ablation: A Scoping Review



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Objective

- Lumbar facet-mediated pain is a common cause of chronic low back pain.
- Radiofrequency ablation (RFA) has become an established interventional therapy.
- However, variability among published **clinical practice guidelines (CPGs)** has created inconsistencies in:
 - Diagnostic criteria
 - Procedural technique
 - Post-procedure management
- This scoping review summarizes and compares existing CPGs addressing lumbar RFA for subacute or chronic LBP.

Methods

- Databases searched: **PubMed, Cochrane Library, Web of Science, Scopus**
- Time frame: **January 1994 – May 2025**
- **Inclusion criteria:** CPGs addressing lumbar RFA for subacute/chronic LBP in adult populations.
- **Exclusion criteria:** Guidelines focused solely on acute pain, diagnostic protocols, or imaging.
- **Process:**
 1. Deduplication
 2. Title/abstract screening
 3. Full-text review by multiple authors
- Data extracted: scope, recommendations, terminology, and development method.

Results

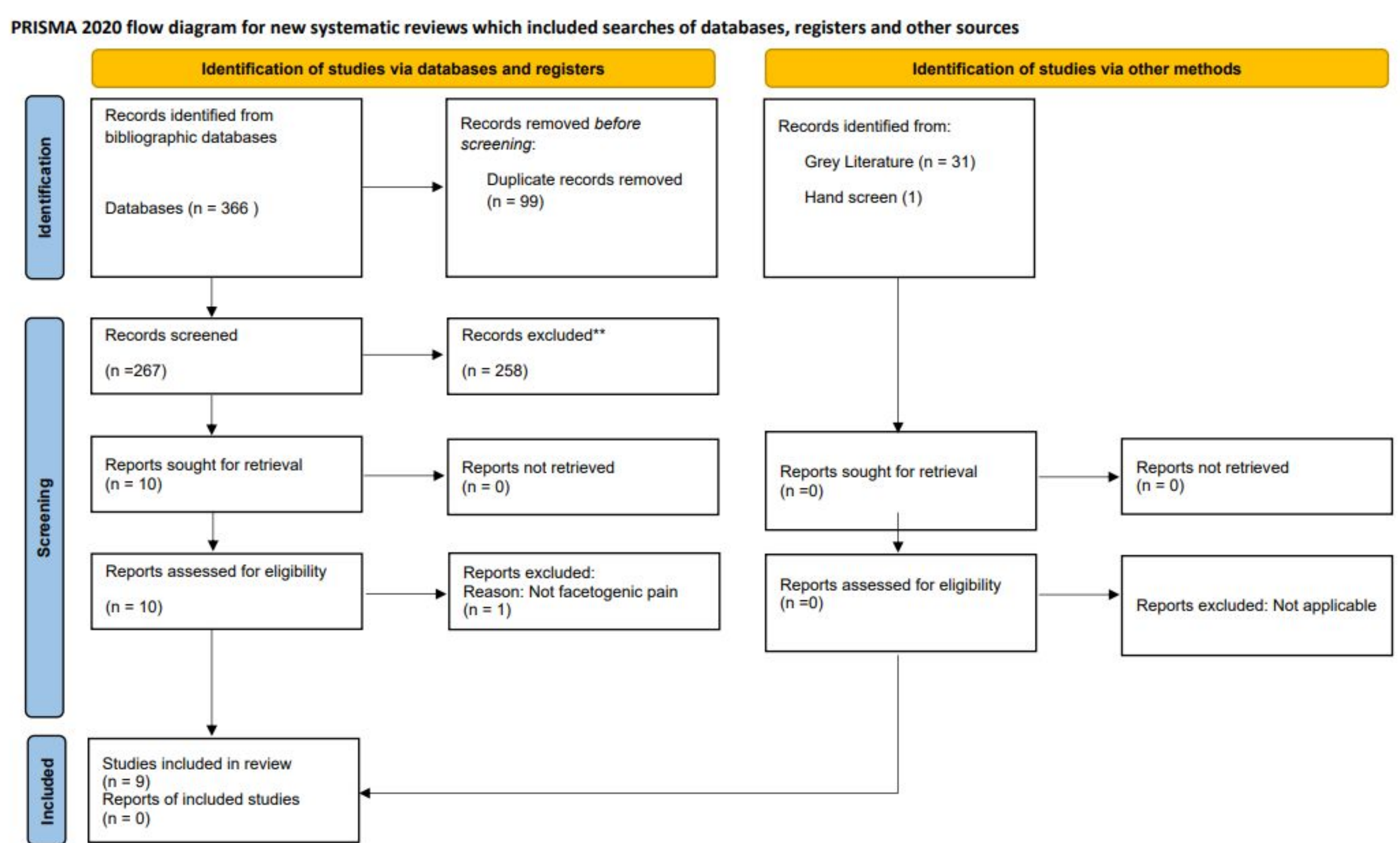
Total included: 9 CPGs met inclusion criteria.

Variation identified in:

- Terminology and definitions of facet joint pain *
- Procedural indications and diagnostic blocks
- Post-procedure follow-up and outcome measures

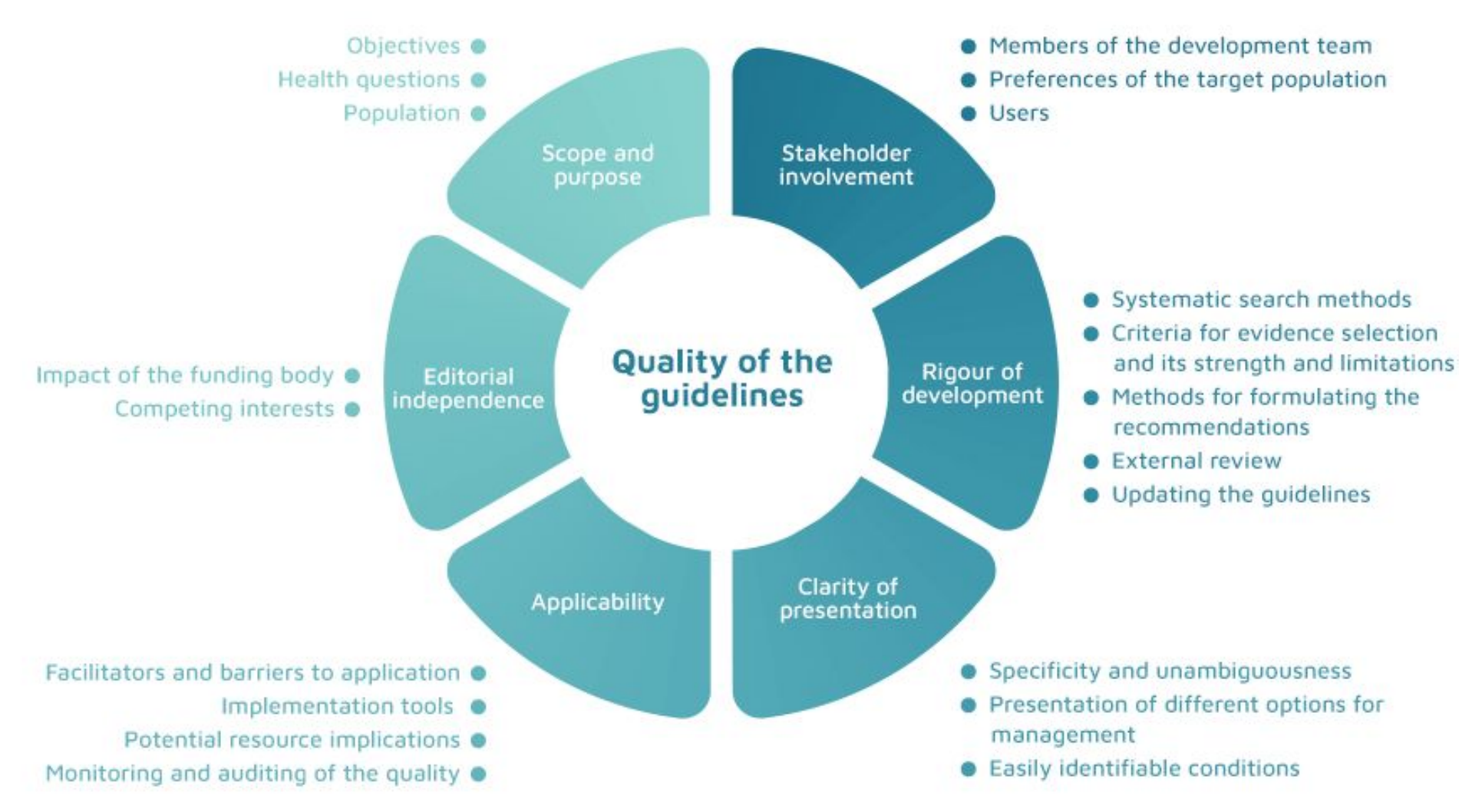
Scope: ranged from single-society guidance to multispecialty consensus documents.

Strength/detail: recommendations varied from narrative statements to evidence-graded protocols.



*Consider, if feasible to do so, reporting the number of records identified from each database or register searched (rather than the total number across all databases/registers).
**If automation tools were used, indicate how many records were excluded by a human and how many were excluded by automation tools.
Source: Page MJ, et al. BMJ 2021;372:n71. doi: 10.1136/bmj.n71.
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Diagram – AGREE II quality assessment domains



Discussion

- Substantial variability exists among published lumbar RFA guidelines.
- This heterogeneity may contribute to inconsistent patient selection and procedural outcomes.
- Mapping current recommendations highlights:
 - Gaps in evidence-based consensus
 - Need for harmonized, quality-assured guideline development
- These findings establish a foundation for future **AGREE II-based quality appraisal** of existing guidelines.

References

