

Welcome!

Welcome to our newest providers who have recently joined the network:

Jaela Agnello, DC	Justin Dritschel, DC	Franco Marcello, DC
Amr Ahmed, PT	Shiny D'Silva, PT	John Marini, DC
Sophia Argeropoulos, DC	Medhat Elnazer, PT	Glen Mark, DC
Magvirose Balisi, PT	Nicholas Froiseth, PT	Richard Melville, PT
Daniel Bogart, PT	Douglas Gable, DC	Islam Nasr, PT
Jon Brodbeck, DC	Michele Gallo, PT	Jamie Nguyen, OT
Bernard Bucholz, OT	Brian Geller, DC	Mayer Reiz, OT
Anthony Bukher, OT	John Giugliano, DC	Leah Rosenberg, PT
Jose Cancino, PT	Shalva Goldbaum, OT	Richard Schmidt, DC
Doreen Carampatan, PT	Marina Goltser, PT	Josef Shasha, OT
Matthew Catanzarite, PT	David Gordon, LCSWR	Melissa Silvestro, OT
Daniel Ciesleski, PT	Keith Hull, DC	Katherine Sullivan, OT
Katelyn Cusmiani, PT	Tzvi Kahan, OT	Sherry Sumira, PT
Paula Daigle, DC	Lindsay Kane, PT	Michelle Torres, OT
Dania Delamo, PT	Leah Klein, OT	Laura Trent, OT
Victoria Demarco, PT	Heather Kramer, PT	William Vanvynck, PT
Randi Diprima, PT	Ronald Luu, PT	Jenna Witkowski, LCSWR
Vincent Dorotan, PT	Pawel Madry, PT	

Change of address or phone?

In an effort to keep our provider directories up to date with the most current information, as required by CMS, we are reaching out to our network providers quarterly as a reminder to ensure the accuracy of information in the provider directory.

Palladian Phone #	Palladian Fax #	Chiro Alliance Phone #	Chiro Alliance Fax #
1-888-266-9041 x 2744	1-716-712-2791	1-727-319-6199	1-727-395-0071

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Grievance Reminder



Please remember to use the grievance forms for all submissions. This form displays the necessary information so our staff can easily access all contact information, as well as the reason for the grievance. This will allow us to process the information and provide feedback more efficiently.

We appreciate your assistance.

ACP Issues New Guideline for Low-back Pain Treatment

The American College of Physicians (ACP) published a new low-back pain treatment guideline recommending first using non-invasive, non-drug treatments, including spinal manipulation, before resorting to drug therapies.

The guideline was published Feb. 14, 2017, in the *Annals of Internal Medicine*.

Talking points on new ACP guideline:

- o With this new guideline, the medical profession is recognizing the benefits of conservative care for this common problem.
- o Thanks to this guideline, it's possible more medical doctors will choose to refer their patients with low-back pain for conservative care such as chiropractic or physical therapy.

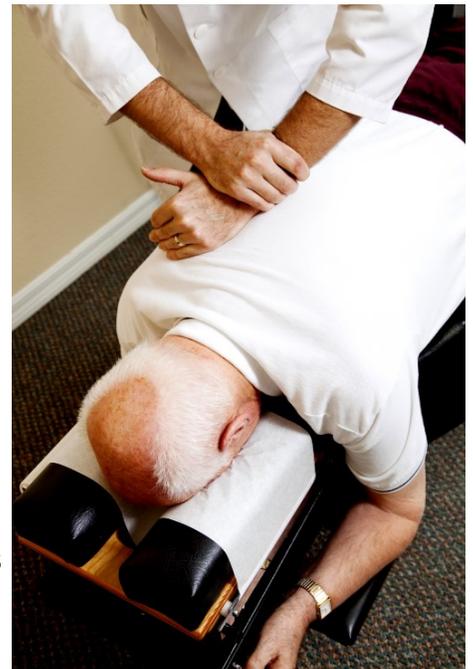
ABSTRACT

DESCRIPTION:

The American College of Physicians (ACP) developed this guideline to present the evidence and provide clinical recommendations on noninvasive treatment of low back pain.

METHODS:

Using the ACP grading system, the committee based these recommendations on a systematic review of randomized, controlled trials and systematic reviews published through April 2015 on noninvasive pharmacologic and nonpharmacologic treatments for low back pain. Updated searches were



performed through November 2016. Clinical outcomes evaluated included reduction or elimination of low back pain, improvement in back-specific and overall function, improvement in health-related quality of life, reduction in work disability and return to work, global improvement, number of back pain episodes or time between episodes, patient satisfaction, and adverse effects.

TARGET AUDIENCE AND PATIENT POPULATION

The target audience for this guideline includes all clinicians, and the target patient population includes adults with acute, subacute, or chronic low back pain.

Recommendation 1:

Given that most patients with acute or subacute low back pain improve over time regardless of treatment, clinicians and patients should select nonpharmacologic treatment with superficial heat (moderate-quality evidence), massage, acupuncture, or spinal manipulation (low-quality evidence). If pharmacologic treatment is desired, clinicians and patients should select nonsteroidal anti-inflammatory drugs or skeletal muscle relaxants (moderate-quality evidence). (Grade: strong recommendation)

Recommendation 2:

For patients with chronic low back pain, clinicians and patients should initially select nonpharmacologic treatment with exercise, multidisciplinary rehabilitation, acupuncture, mindfulness-based stress reduction (moderate-quality evidence), tai chi, yoga, motor control exercise, progressive relaxation, electromyography biofeedback, low-level laser therapy, operant therapy, cognitive behavioral therapy, or spinal manipulation (low-quality evidence). (Grade: strong recommendation)



Recommendation 3:

In patients with chronic low back pain who have had an inadequate response to nonpharmacologic therapy, clinicians and patients should consider pharmacologic treatment with nonsteroidal anti-inflammatory drugs as first-line therapy, or tramadol or duloxetine as second-line therapy. Clinicians should only consider opioids as an option in patients who have failed the aforementioned treatments and only if the potential benefits outweigh the risks for individual patients and after a discussion of known risks and realistic benefits with patients. (Grade: weak recommendation, moderate-quality evidence)

Low back pain is one of the most common reasons for physician visits in the United States. Most Americans have experienced low back pain, and approximately one quarter of U.S. adults reported having low back pain lasting at least 1 day in the past 3 months (1). Low back pain is associated with high costs, including those related to health care and indirect costs from missed work or reduced productivity (2). The total costs attributable to low back pain in the United States were estimated at \$100 billion in 2006, two thirds of which were indirect costs of lost wages and productivity (3).

Low back pain is frequently classified and treated on the basis of symptom duration, potential cause, presence or absence of radicular symptoms, and corresponding anatomical or radiographic abnormalities. Acute back pain is defined as lasting less than 4 weeks, subacute back pain lasts 4 to 12 weeks, and chronic back pain lasts more than 12 weeks. Radicular low back pain results in lower extremity pain, paresthesia, and/or weakness and is a result of nerve root impingement. Most patients with acute back pain have self-limited episodes that resolve on their own; many do not seek medical care (4). For patients who do seek medical care, pain, disability, and return to work typically improve rapidly in the first month (5). However, up to one third of patients report persistent back pain of at least moderate intensity 1 year after an acute episode, and 1 in 5 report substantial limitations in activity (6). Many noninvasive treatment options are available for radicular and nonradicular low back pain, including pharmacologic and nonpharmacologic interventions.

GUIDELINE FOCUS AND TARGET POPULATION

The purpose of this American College of Physicians (ACP) guideline is to provide treatment guidance based on the efficacy, comparative effectiveness, and safety of noninvasive pharmacologic and nonpharmacologic treatments for acute (<4 weeks), subacute (4 to 12 weeks), and chronic (>12 weeks) low back pain in primary care. This guideline does not address topical pharmacologic therapies or epidural injection therapies. It serves as a partial update of the 2007 ACP guideline (it excludes evidence on diagnosis). These recommendations are based on 2 background evidence reviews (7, 8) and a systematic review sponsored by the Agency for Healthcare Research and Quality (AHRQ) (9). The target audience for this guideline includes all clinicians, and the target patient population includes adults with acute, subacute, or chronic low back pain.

Amir Qaseem, Timothy J. Wilt, Robert M. McLean, Mary Ann Forciea, . Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. *Ann Intern Med.* 2017;166:514–530. doi: 10.7326/M16-2367

Contact Information

Health Plan (DC, PT, OT & ST Services)	Toll Free #	Direct #	Fax #
HIP Health Plan, GHI - Chiropractic, Physical & Occupational Services	(877) 774-7693	(716) 712-2808	(716) 809-8324
Quality Health Plan	(877) 785-0520	(716) 712-2827	(716) 809-8329
Univera Healthcare	(866) 686-0674	(716) 712-2779	(716) 712-2755
HealthFirst	(888) 658-8181		(844) 681-1205
FirstCare	(888)774-7601		
Cherokee Nation	(888) 245-5854		
BlueCross BlueShield of Western New York	(866) 712-2782	(716) 712-2842	
BlueShield of Northeastern New York	(866) 712-2782	(716) 712-2842	
HealthNow New York	(866) 712-2782	(716) 712-2842	

Palladian Health Holiday Schedule

Please be advised Palladian Health will be closed for the holidays on Monday, December 25th and Monday, January 1st.

