STUDY DESIGN (Original Protocol)

- Prospective, randomized, crossover, open clinical study
- IDB + CMM
- One ablation procedure/patient
- CMM
  - Physical Therapy
  - Pharmacological Management
  - Interventions
    - Lumbar epidural injections
    - Sacro-iliac joint injections
    - Facet or nerve interventions
  - Behavioral Therapy
  - Weight Loss
  - Acupuncture
- CMM subjects could elect to cross-over to IDB + CMM at 6-months, or to continue CMM-alone to 12-months

CONCLUSIONS

- The outcomes of this study suggest that:
  - IDB + CMM more effectively reduces discogenic LBP than CMM, and can rescue individuals who continue suffering from discogenic pain despite of CMM
  - IDB + CMM enables better physical functioning, less disability, and a greater positive impact on patients’ health when compared to CMM-alone

- The positive effects of IDB + CMM are durable, lasting up to 12-months after a single IDB treatment
- The superior performance of the IDB + CMM treatment with respect to all study outcomes suggests that IDB + CMM is a more effective treatment for discogenic LBP than CMM-alone