MINT

It is unclear how effective RFD is at relieving LBP. NICE 2016 (NG59) guidance [1] on LBP recommends RFD as a treatment option for people with suspected facetogenic LBP who fail to respond to conservative treatment and respond positively to medial branch blocks (MBBs). A subsequent (2017) Dutch study (MINT), found no benefit from the addition of RFD to an exercise program for people with LBP who had responded positively to a MBB [2].

The MINT study was heavily criticized for multiple reasons, including the utilization of a sub-optimal Lumbar facet joint denervation technique, which was inconsistently delivered [3] [4].

1)
CG59 N. Low back pain and sciatica in over 16s: assessment and management. In: NICE, editor, 2016. Available at: http://nice.org.uk/guidance/ng59
2)
Juch JNS, Maas ET, Ostelo R, et al. Effect of radiofrequency denervation on pain intensity among patients with chronic low back pain: the mint randomized clinical trials. JAMA 2017; 318(1): 68–81.
3)
Provenzano DA, Buvanendran A, de Leon-Casasola OA, et al. Interpreting the MINT randomized trials evaluating radiofrequency ablation for lumbar facet and sacroiliac joint pain: a call from ASRA for better education, study design, and performance. Reg Anesth Pain Med 2018; 43(1): 68–71.
4)
Van Kuijk SMJ, Van Zundert J, Hans G, et al. Flawed study design and incorrect presentation of data negatively impact potentially useful interventional treatments for patients with low back pain: a critical review of JAMA's MinT study. Pain Pract 2018; 18(3): 292–295.