Appendix 4. Characteristics of randomized controlled trials included in the guidelines.

1st author, year, study size	**Participant characteristics (diagnoses, pain location), pain duration and intensity of pain (0-10 NRS)**	**Intervention (anatomic target and approach; parameters or medication dose and volume)**	**Comparator (anatomic target; medication dose and volume)**	**Imaging modality for intervention [None (N)/Fluoroscopy (F)/Ultrasound (US)/Computed Tomography (CT)/Other (O)]**	**Primary outcome with time point**	**Secondary outcome with time points**
CERVICAL FACET JOINT PROCEDURES: MBB, IAI, RFA						
Lord 1996 n=24	*CFJ pain (excluding C2-3) *Duration>3months *Median VAS 40/100	RFA (80C for 90 seconds)	Sham procedure (37C for 90 seconds)	F	Time from RFA to the return of pain to 50% of pre-procedure levels	Need for second (repeat) procedure
Barnsley 1994 n=41	*CFJ pain *Duration (median-39 months) *Median pain VAS 49/100	IAI of 1 mL (5.7mg) betamethasone	*IAI of 1 mL bupivacaine	F	Time from the injection to the return of pain to 50% of pre-injection levels	None
Park 2012 n=400	*Cervical myofascial pain syndrome with two positive LA diagnostic tests for CFJ pain at C5/6 and C6/7 joints	IAI of LA with 5 mg of triamcinolone and 187.5 IU of hyaluronidase	No injection	F	Cervical ROM, pain NRS, presence/absence of tension type headache every month for 1 year	None

	*Duration > 6 months *Median pain VAS 49/100					
van Eerd 2021 n=76	*CFJ pain *Duration > 3 months *pain NRS>5/10	*RFA + MBB with bupivacaine 0.25% (0.5 mL at each nerve)	*MBB with bupivacaine 0.25% (0.5 mL at each nerve)	F	At 6 weeks, 3 months, 6 months: *Pain intensity (NRS) *PGIC *NDI *Pain medication use (MQSIII)	At 6 weeks, 3 months, 6 months: *QOL - RAND SF-36 *Anxiety & Depression questionnaires
LUMBAR FACET JOINT PROCEDURES: MBB, IAI, RFA						
Van Wijk 2005 n=81	*LFJ pain *duration > 6 months	RFA	Sham procedure	F	Combined outcome (at 3 months): *Pain intensity (VAS) *Physical activity *Analgesics	At 3 months: *GPE *QOL-SF-36 (In successful cases follow-up 6,9,12 months)
Sae-Jung 2016 n=99	*LFJ pain *Duration > 4weeks	Group 1: Oral diclofenac (PO 50mg x 2/day for 2 weeks) + facet joint injection (methylprednisolo	Group 2: facet joint injection (methylprednisolone 80 mg + 1 mL of 0.5 % bupivacaine)	F	At 4 and 12 weeks: *ODI *Pain intensity (VAS)	None

		ne 80 mg + 1 mL of 0.5 % bupivacaine)	Group 3: oral diclofenac 50mg x 2/day for 2 week)			
Nath 2008 n=40	*LFJ pain *Duration > 2 years	RFA (85C for 60 seconds)	Sham procedure	F	At 6 months: *Global improvement perception *Relief of generalized pain, low back pain, and pain in the lower limb (VAS)	At 6 months: *ROM of the lumbar spine *Hip movement *QoL variables *Analgesic requirement *SIJ test *Paravertebral tenderness *Tactile sensory deficit
Tekin 2007 n=60	*LFJ pain *Duration > 6 months	Group 1: Conventional RFA, 80C for 90 seconds) Group 2: Pulsed RF neuromodulation, 2 Hertz for 4 minutes	Group 3: Sham procdure with injection of 0.3 mLs of 0.5% bupivacaine 0.5%	F	Before and 6 hours after procedure, 6 months and 1 year: *Pain intensity (VAS) *ODI	At 1 year: *Analgesics use *Satisfaction score.
Lilius 1989 n=109	*Unilateral LFJ pain *Duration > 3 months	Group 1: *IAI of 6 mLs of 0.5% bupivacaine + 80mg of	Group 2: *Pericapsular injection of same medications as group 1	F	Pain VAS before and after procedure, at 1 hour, 2, 6	*Disability score *Work status

		methylprednisolone	Group 3: *IAI of 8 mLs of saline		weeks and 3 months	*1 hour, 2, 6 weeks and 3 months
Cohen 2018 n=229	*Low back pain *Duration > 3 months	*Group I: IAI of LA and steroids	*Group II: MBB with LA and steroids *Group III: MBB with saline	F	Proportion of patients with a ≥ 2 point reduction in pain intensity (VAS) at 1 month after procedure	*Proportion of patients who were satisfied or very satisfied at 1 month after procedure *Analgesic medication use *ODI
van Tilburg 2016 n=60	*LFJ pain *Duration > 3 months	RFA (80C for 60 seconds)	Sham procedure	F	Pain intensity (NRS) decrease at 1 and 3 months	GPE scale at 1 and 3 months
Zhou 2016 n=80	*LFJ pain *Duration > 6 months	RFA (80C for 90 seconds)	*LA (1 mL of 2% lidocaine) + 3 mg of betamethasone	F	Pain intensity (VAS) at 30 minutes, 1 day, 1 week, 1 month, 6 months	Schober index at 1 week, 1 month and 6 months *Efficacy at 6 months (poor to excellent)
Gallagher 1994	*LFJ pain *Age 25-55 years	RFA (80C for 90 seconds)	Sham procedure	Not described	At 0, 1 ,6 months:	None

n=60	* > 3 months relief (good response to IAI of LA)				*Pain intensity (VAS) *McGill Score	
van Kleef 1999 n=31	*LFJ pain *Age 20-60 years *Duration > 1 year *Pain intensity (VAS) score > 4/10	RFA (80C for 60 seconds)	Sham lesion procedure	F	At 8 weeks: * Success defined as at least 2 points reduction on pain intensity (VAS) and at least 50% pain reduction on global perceived effect	At 8 weeks: *Changes in pain intensity (VAS) *ODI *Analgesic consumption *GPE *Quality of life
Ribeiro 2013 n=60	*LFJ pain *Age 18-80 years *Duration > 3 months * Pain intensity (VAS) score > 4/10	*IAI of steroids (L3–L4, L4–L5, and L5– S1 joints were injected bilaterally - 1 mL (20 mg) of triamcinolone and 1 mL of lidocaine at each level	*Intramuscular injection of same dose of triaminolone bilaterally (total of 120 mg)	F	*SF-36 quality of life at 1, 4, 12, and 24 weeks	At 1, 4, 12, and 24 weeks: *Roland-Morris functional capacity questionnaire *Pain intensity (VAS) for spontaneous pain *Pain intensity (VAS) for pain on back

						extension *Likert-scale of improvement (much worse, a little worse, unchanged, a little better, and much better) *Improvement percentage" scale
Lakemeier 2013 n=56	*LFJ pain *Age >18 years *Duration > 24 months *MRI-hypertrophy of lower three lumbar facet joints	RFA (80C for 90 seconds)	*IAI of LA (0.5 mL of 0.5% bupivacaine) + 1 mL betamethasone (3 mg)	F	*Roland-Morris Questionnaire (RMQ) at 6 months	At 6 months *Pain intensity (VAS) *ODI
Carette 1991 n=97	*LFJ pain *Age 18-65 years	IAI of 1 ml (20mg) methylprednisolone acetate + 1ml saline	*IAI of 2 mls of saline	F	At 1, 3, 6 months: *Overall effect (0-7 scale) *Pain intensity (VAS) with flexion and extension *McGill questionnaire	At 1, 3, 6 months: *Main sickness Impact profile score (SIP, modified) *Limitation of activities *Finger-floor

						distance at maximal forward flexion
Leclaire 2001 n=70	*LFJ pain * Age 18-65 years *Duration > 3 months	RFA (80C for 90 seconds)	Sham procedure	F	At 4 and 12 weeks: * Roland-Moris Disability Questionnaire * ODI * Pain intensity (VAS)	At 4 and 12 weeks: *Return to work *Lumbar spine mobility in flexion, extension, side-bending, and rotation *Maximum strength against resistance; *Angular speed against 25% strength resistance
Kennedy 2019 n=46	*LFJ pain *Duration > 3 months *Pain intensity (NRS) > 4/10	*MBB *IAI - steroid (20 mg (0.5 mL) of triamcinolone)	*MBB *IAI - saline (0.5 mL)	F	*Need for RFA for insufficient pain relief	*Time to RFA measured in weeks

Kennedy 2018 n=24	*LFJ pain *Age 18-99 years *Duration > 3 months * Pain intensity (NRS) > 4/10	*IAI+MBB [IAI - steroid steroid (20 mg (0.5 mL) of triamcinolone); MBB (2% lidocaine)]	*IAI+MBB [IAI - saline (0.5 mL); MBB (2% lidocaine)]	F	*Percentage of patients achieving 80% or more pain intensity reduction at 6 weeks	*ODI and pain NRS at 3, 6, and 12 months.
Juch 2017(20) n=251 (737-1)	*LFJ pain * Age 18-70 *Pain NRS 6/10 or greater	RFA+exercise	Exercise	F	*Pain NRS (0-10) at 3 months.	At 3+6 weeks and 3+6+9+12 months: *Pain NRS *Global perceived recovery *Participant satisfaction (7-point *Global Perceived Effect *ODI *Health-related quality of life (EQ-5D-3L) *General health (Rand-36, 0-100) *West Haven-Yale

						Multidimensional Pain Inventory;
Ackerman 2008 (20) n=46 (none)	*Age: 18-85 years *non-radicular low back pain *SPECT and MRI showing lumbar facet joint pathology at L4/5 and L5/S1	IAI with LA and steroid	MBB with LA and steroid	F	Pain and ODI scores at 12 weeks	Proportion of patients at 12 weeks with ≥ 50% reduction in initial numeric pain intensity score
SACROILIAC JOINT PROCEDURES: LBB, IAI, RFA						
Luukkainen 2002(21) n=24(3711)	* SIJ pain *Age>18 * Duration >3 months * Positive in one of these tests: Gaenslen's test Patrick's test Thigh flexion test	*SIJ Periarticular Injection * Steroid (MPA, 1.5 mL (40 mg/mL)) + LA (lidocaine 1.5 mL (20 mg/mL))	*SIJ Periarticular Injection * Isotonic saline (1.5 mL) + LA(1.5 mL (20 mg/mL) Lidocaine)	None (anatomical landmarks)	At 1 month: *Pain VAS (0-100) at 1 month *Pain Index (PI, sum of tenderness of the SIJ, Gaenslen's test, Patrick's test, and thigh flexion test,each of them evaluated on a scale from 0 to 3).	None
Tilburg 2016(22) n=60 (14700)	*SIJ pain *Age>18 * Decrease in pain NRS (0-10) of 2 or more on	RFA	Sham lesion procedure	F	At 1+3 months: *Pain NRS (0-10) at 1 month	At 1+3 months: *Global perceived effect (GPE)

Db multicenter RCT	diagnostic SIJ block * Duration >3 months					
Patel 2012(23) n=51 (2676)	*SIJ pain *Duration >6 months *NRS between 4-8/10 * ≥75% relief following diagnostic block	RFA (60°C,150 sec)	Sham procedure	F	At 3 months: *Pain NRS	At 1+3+6+9 months: *Pain NRS *ODI *SF-36BP *SF-36PF *Quality of life * Treatment success (NRS+1 successful test of above mentioned tests)
Cohen 2008(24) n=28 (3160)	*SIJ pain *Duration >6 months *Age>18 *Pain relief ≥75% after a single diagnostic SIJ injection	RFA (80C, 90 sec)	Sham procedure	F	At 1+3+6 months: Pain NRS (0-10)	At 1+3+6 months: *ODI *Reduction in analgesic use. * GPE
Luukainen 1999(25) n=20 (3808)	*SIJ pain *Age 18-60 *Duration >1 month * Positive results on at least two of: -Gaenslen's test -Patrick's test -Thigh flexion test	*SIJ periarticular injection *LA (1.5 mL of 20 mg/mL lidocaine) + steroid (1.5 mL of 40 mg/mL MPA)	*SIJ periarticular injection *LA (1.5 mL of 20 mg/mL lidocaine) + 1.5 mL of saline	F	At 2 months: *Pain VAS *Pain index (0-12, sum of: tenderness of the SIJ, and the results of three stress tests -the Gaenslen's test,Patrick's test	

					and thigh flexion test, each scored 0 to 3	
Juch 2017(20) n=228 (737-2)	*SIJ pain *Age 18-70 *Pain NRS ≥6 *Excluded BMI>35	RFA + exercise	Exercise	F	*Pain NRS (0-10) at 3 months.	At 3+6 weeks and 3+6+9+12 months: *Pain NRS *Global perceived recovery *Participant satisfaction (7-point *Global Perceived Effect *ODI *Health-related quality of life (EQ-5D-3L) *General health (Rand-36, 0-100) *West Haven-Yale Multidimensional Pain Inventory;
Salman 2016(9) n=30 (5083)	*LFJ pain *duration>6months	RFA (L4–5 primary dorsal rami	*IAI of MPA (40mg)	F	Pain VAS decrease > 50% at 1,3,6 months.	*>25% reduction in analgesic

		and S1–3 lateral sacral branch)				consumption at 1, 3, and 6 months
EPIDURAL STEROID INJECTIONS: ILE, TFE/SNRB , CE						
Okmen 2017(26) n=98 RCT (1794)	*LBP + sciatica *Duration > 6 months *MRI-disc bulge and protrusion *Pain VAS>5/10	*Lumbar ILE *LA (0.25% bupivacaine 5 mL) + steroid (MPA 40 mg in 1 mL) + 4 mL saline	*Lumbar ILE *LA (0.25% bupivacaine 5 mL) + 5 mL saline	F	At 0.5+1+3+6+12 months: *Pain VAS *ODI	*The effect of age and BMI on chance of success.
Carette 1997(27) n=158 RCT (3884)	*Sciatica * Duration: 4 weeks-1 year *Herniated nucleus pulposus on CT. *ODI>20	*Lumbar EI of: *Steroid (80 mg (2 mL) of methylprednisolone acetate) + saline (8 mL)	*Lumbar EI *1 mL of isotonic saline	Not reported	At 3+6 weeks, 3 months: *ODI	At 3+6 weeks, 3 months: *VAS score *McGill score *Sickness Impact Profile
Nandi 2017(28) n=93 RCT (1858)	*Sciatica *Age>18 *Pain VAS>40/100mm *MRI confirmed lumbar disc prolapse. *Duration 1-6 months	*CE *Steroid (MPA 2 ml, 80 mg)+ saline (18 mL)	*CE *Saline (20 mL)	Anatomic landamarks	At 4+12 weeks: *Success or failure of the treatment (Binary)	At 4 + 12 weeks: *Pain VAS *SLR test *Schober test *ODI *RMI
Nam 2011(29) n=36 RCT (1967)	*Radicular LBP radiating to below the knee *Thoracolumbar scoliosis>10 degrees. Foraminal stenosis *Age>50	Lumbar TFE *LA (1.5 cc 0.5% lidocaine) + steroid (20 mg (0.5 cc) triamcinolone)	*Lumbar TFE *LA (1.5 cc 0.5% lidocaine)	F	At 2, 4 and 12 weeks: *Pain VAS (0-10) *ODI At 12 weeks: *Treatment satisfaction	None

Ghai 2015(30) n=69 RCT (2235)	*Radicular LBP *Duration >12 weeks *Age 18-60 *Score of ≥ 5 on 0-10 NRS *Unilateral radiculitis and disc herniation on MRI.	Lumbar parasagittal ILE (LS group): *LA(6mL of 0.5% lidocaine) + steroid(80mg (2mL) MPA)	Lumbar parasagittal ILE (L group): *LA (8mL of 0.5% lidocaine)	F	At 3 months: *Proportion patients achieving effective pain relief (EPR)->50% decrease in pain NRS from baseline.	At 2 weeks, 1+2+3+6+9+12 months: *Pain NRS *MODQ (modified ODI) *Ventral and perineural spread *Number of injections required
Pandey 2016(31) n=140 Prospective study (173)	*LBP +/- radiculopathy *MRI confirmed lumbar disc prolapse *Failure of ≥ 8 weeks of conservative treatment	*Group 1 (82): CE (2mL of 2% xylocaine + 80mg (2mL) of methyl prednisolone)+26 ml saline. *Group 2 (18): Lumbar ILE LA(4mL of 2% xylocaine) + steroid (80mg (2mL) methyl prednisolone) *Group 3 (40): Lumbar TFE: LA(1mL of 2% xylocaine) + steroid(40mg (1 mL) MPA)		F	At 1+2+4 weeks, 3+6+12 months: *Average Japanese Orthopaedic Association Score (JOA) At 1+6+12 months: *Rate of improvement in JOA score.	

El_Maadawy 2018(32) n=40 RCT (1808)	*Unilateral radicular LBP * Duration ≥ 4 weeks *Disc herniation	Lumbar TFE: *Steroid ((80mg (2 mL) MPA) + LA(3 mL of 0.12% bupivacaine))	Lumbar ILE: *Steroid ((80mg (2 mL) MPA) + LA(4 mL of 0.125% bupivacaine) + saline(9 mL)	F	At day 1, 1+3+6 months: *Duration and efficacy of pain relief (defined as ≥40% reduction of pain VAS	At day 1, 1+3+6 months: *MODQ (modified ODI)
Rogers 1992(33) n=30 RCT (6975)	*LBP with sciatica *Limited passive SLR>60 degrees *Median duration: 23 months	Lumbar epidural injection: * LA(lidocaine 2% 14 mL)+Steroid (MPA 2ml (80 mg) + saline 4 mL	Lumbar epidural injection: *LA (lidocaine 2% 14 mL)+ saline(6 mL)	Anatomic landmarks	At 1 month: *Pain grading (from none to very severe) *Work status (from nil to full) *Analgesic consumption *Passive SLR *Combined score of change in each of the above parameters.	
Song 2016(34) n=29 RCT (1889)	*Intermittent claudication + radicular pain or paresthesia. *Spinal stenosis on MRI *Abnormal SEP's.	Lumbar TLE + SNRB: -TLE: Steroid (40 mg triamcinolone) +LA (10 mL 0.5% lidocaine) -SNRB: Dexamethasone 10	Lumbar TLE +SNRB: -TLE: Steroid (40 mg triamcinolone) + saline 10 ml) -SNRB: Steroid (10 mg dexamethasone)+ Saline 2ml	F	At 1+3 months: *Pain VAS (0-10) * Functional rate index (FRI) – 10 domains each graded 0-4	

		mg+lidocaine 0.5% 2ml.				
Iversen 2011(35) n=133(2740) Multicenter RCT	*LB radicular pain with leg pain equal or worse compared to back pain. *Age 20-60 *Duration>12 weeks *Excluded BMI>30	Group Steroid: *CE: Steroid (40 mg triamcinolone acetonide)+ saline (29 mL 0.9%) Group Saline: *CE: Saline (30 mL 0.9%)	Group Sham: *Subcutaneous sham injections: Saline (2mL 0.9%) All 3 groups received 2 injections, 2 weeks apart, of same intervention.	US	ODI at 6, 12 and 52 weeks	At 6+12+52 weeks: *QoL *Low back pain VAS *Leg pain VAS *Likart scale-benefit from treatment
Arden 2005(36) n=228 (3507) Multicenter RCT	*LBP with unilateral sciatica *Age 18-70 *Duration 1-18 months	3 lumbar epidural injections, 3 weeks apart: *LA (10 mL 0.25% bupivacaine) + steroid (triamcinolone acetonide 80 mg))	3 lumbar interligamentous saline injections- 2 ml	None	At 3+6+12+26+52 weeks: *ODI *VAS	At 3+6+12+26+52 weeks: *Leg pain VAS (0-100) *Back pain VAS (0-100) *Likert scale measuring improvement *SF-36 questionnaire *Days off work due to sciatica *Return to work *Physical function *Surgery

Helliwell 1985(37) n=39 RCT (7058)	*LBP with Sciatica *Duration >2 months	Lumbar epidural injection: *Steroid (80 mg MPA) + saline (10 mL)	Inter-spinous injection: *saline (5 mL)	None	At 1+3 months: *Pain VAS (0-10 *Weekly analgesic requirements *Return to normal activity *Sciatic scoliosis *Restriction by pain *SLR angle *Subjective: definite vs no improvement	
Saqib 2016(38) n=99 Prospective study (9605)	*LBP /sciatica / neurogenic claudication *Duration >12 weeks	Lumbar ILE: *LA (1.5-2.0 mL of 0.25% bupivacaine) + steroid (40 mg MPA in 2.5 mL normal saline solution)	Lumbar ILE: *LA (0.25% bupivacaine, volume not stated)	F	At 4 weeks: *Pain VAS (0-100) *ODI	None
Mondal 2017(40) n=60 RCT (4821)	*LBP *Unilateral radiculopathy due to lumbar disc herniation *Age 18-60 *Duration > 3 months *Pain intensity limiting function and NRS > 5	Group 1: -Lumbar TFE: *Steroid (MPA 20mg)+LA(0.25% bupivacaine), total 2 ml + -Oral medications:	Group 2: -Oral medications: *Gabapentin (300mgX3/day) *Amitriptyline (25mgX1/day) + -Exercise	F	At 1 month: *Pain NRS (0-10) at 1 month *ODI *Pelvic angle measurement	None

		*Gabapentin (300mgX3/day) *Amitriptyline (25mgX1/day) + -Exercise				
Friedly 2014(41) n=400 RCT (13512)	*Lumbar spinal stenosis *Pain in LB, buttock, leg, or a combination of these sites, with worse pain in sites other than in the back *An average pain rating>4/10 *A score on the Roland–Morris Disability Questionnaire (RMDQ)>7/24 * Age > 50	Lumbar epidural injection (TFE or ILE based on physician's judgement): *LA (1 to 3 mL of 0.25% to 1% lidocaine) + Steroid (1 to 3 mL of triamcinolone (60 to 120 mg), betamethasone (6 to 12 mg), dexamethasone (8 to 10 mg), or methylprednisolone (60 to 120 mg))	Lumbar epidural injection (TFE or ILE based on physician's judgement): *1 to 3 mL of 0.25% to 1% lidocaine	F	At 3+6 weeks: * Roland–Morris Disability Questionnaire (RMDQ) *Leg pain NRS (0-10) *Proportion of patients with ≥30% improvement *Proportion of patients with ≥50% improvement	At 3+6 weeks: *Brief Pain Inventory (BPI) interference scale (0- 10) *Patient Health Questionnaire (PHQ-8 ,0-24) *Generalized Anxiety Disorder 7 scale (GAD-7; 0-21) *EQ-5D *Swiss Spinal Stenosis Questionnaire (SSSQ)
Datta 2011(42) n=163 RCT (1962)	*Sciatica *Age 20-70 *BMI 18-30 *Duration 4 weeks-1 year * Roland-Morris Disability Questionnaire (RMDQ) >20 *Disc herniation	Group1 -CE: *LA(10-15 mL 0.125% bupivacaine)	Group 2 -CE: *LA (10-15 mL 0.125% bupivacaine)+steroid(80 mg methylprednisolone) Group 3	Landmark	At 3 months: *Roland-Morris disability questionnaire (RMDQ)	At 1+3+6+12 weeks: *Finger to floor distance *SLR *Percentage improving after 12 weeks

			-CE: *LA(10-15 mL 0.125% bupivacaine)+steroid(80 mg triamcinolone) Group 4 -CE: *LA (10-15 mL 0.125% bupivacaine)+steroid(15 mg dexamethasone)			*Pain VAS *Consumption of diclofenac tablets *Use of physiotherapy *Complete pain relief
Kamble 2015(43) n=90 Prospective study (2167)	*LB radicular pain *Disc prolapse in MRI	-Group 1 Lumbar TFE (30): *Steroid (triamcinolone acetate 40 mg) +LA(1 mL of bupivacaine + 2 mL of lidocaine)	-Group 2 Lumbar ILE (30): *Steroid (triamcinolone acetate 40 mg) + LA(1 mL of bupivacaine + 1 mL of lidocaine) + saline(10 mL) -Group 3 CE (30): *Steroid(triamcinolone acetate 40 mg)+LA(1 mL of bupivacaine + 2 mL of lidocaine) + saline(10 mL)	F	At 1 hour, 1+6 months: *Back pain VAS *Leg pain VAS *ODI	None
Tafazal 2009(44) n=151	*Sciatica with unilateral leg pain	TFE: *LA (2 mL of	TFE: *LA (2 mL of 0.25% bupivacaine) + steroid	F	At 6+12 weeks:	None

RCT (3046)	*MRI confirmed nerve root compression *Included both disc herniation and foraminal stenosis *More than 6 weeks of failed conservative management * Leg pain intensity at least comparable to back pain intensity	0.25% bupivacaine)	(methylprednisolone 40 mg)		*Pain VAS (0-100) *ODI *Low back outcome score (LBOS) *Modified Zung depression score (MZD) At 1 year: *Need for subsequent surgery or further root blocks	
Riew 2000(45) n=55 RCT (1311)	*Lumbar radicular pain with disc herniation	TFE: *LA (1 mL 0.25% bupivacaine) + steroid (betamethasone 1mL, 6mg/mL) -Max 4 injections	TFE: *LA (1 mL 0.25% bupivacaine) -Max 4 injections	F	At follow up period (mean 23 months): *Rates of patients progressing to surgery (failure of treatment) *Relief of neurologic symptoms *Relief of LBP	None
PARAVERTEBRAL INJECTIONS						
Ji 2009(46)	*Herpes Zoster (HZ) associated pain	Paravertebral group:	Standard group:	Nerve Stimulator	At 1+3+6+12 months:	

n=132	*1-7 days after the onset of rash *Dermatome below C6 *Age>50	* Oral Acyclovir 800 mg X5/day for 7 days *4 paravertebral injections, 48 hours apart of: -LA (Bupivacaine 0.25% 10 ml)+steroid (MPA 40 mg)	*Oral Acyclovir 800 mg X5/day for 7 days		*Pain VAS (0-10) *Allodynia VAS (0-10) *QOL (Nottingham scale)	
Deng 2021 (**) N=47,723	*Patients with chronic back pain *Retrospective cohort study of administrative data of patients who received PVB in Ontario from July 2013 to March 2018	Intervention not clearly defined – most patients received only LA injections	-	Majority of the injections were landmark-based	*Evaluate the impact of PVBs on healthcare utilization and opioid use in patients with chronic pain	*Number of each specialty billing for PVB *Proportion of people who received multiple PVBs in a year *Average number of PVBs per person performed in a year *Average time between subsequent PVBs *Number of levels billed per PVB *Adverse events

						associated with PVBs