Sequenced Care Pathway vs Pain Navigator Pathway for Veterans with Low Back Pain: The AIM-Back Cluster Randomized Clinical Trial

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Why We Did This Study

Low back pain is one of the leading causes of disability among U.S. veterans. Health experts agree that non-drug treatments — like physical therapy, yoga, and chiropractic care — should be the first choice for managing back pain. But there is limited real-world evidence about which type of care program works best. Researchers wanted to compare two care programs for veterans with low back pain. The first was a structured, step-by-step program that included pain education, physical activity coaching, and therapy. The second was a more flexible program where a trained health care navigator helped patients find and access the right non-drug treatments. Both programs were offered at Veterans Health Administration clinics and focused on treating back pain without drugs like opioids.

Who Participated in This Study?

The study included 1,817 veterans who visited their primary care clinic for low back pain. They were seen at 17 Veterans Health Administration clinics across the United States. Most participants were men (88%), and the average age was 53 years. About 30% were Black or African American, 67% were White, and 5% were Hispanic. Nearly all (92%) had chronic — meaning long-lasting — low back pain. About 10% were using opioid pain medicines at the start of the study. Veterans were enrolled between February 2021 and January 2024. Clinics were randomly assigned to offer one of the two care programs.

What Were the Results?

After 3 months, both groups improved — but neither program was clearly better than the other. Veterans in both groups said that pain got in the way of their daily life a little less. They also reported being able to do slightly more physical activities. The difference between the two programs was very small and was not meaningful. There were also no differences between the groups for other outcomes, such as sleep quality and pain intensity. Additional analyses confirmed these findings.

What Do These Results Mean?

This study found that a step-by-step care program did not work better than a navigation program for veterans with low back pain. Both programs helped some, but neither was clearly superior. This matters for how care is delivered. A program that uses a trained navigator — someone who helps connect patients to non-drug treatments like physical therapy, yoga, tai chi, or chiropractic care — can work just as well as a more structured program. Health systems may choose the approach that fits their resources and patient needs. Future studies should look at which patients do best with each type of program, and test these programs in other health care settings.