Reviewer’s report

Title: Integrative care for the management of low back pain: design of a clinical care pathway

Version: 2 Date: 29 March 2010

Reviewer: Torkel Falkenberg

Reviewer’s report:

Major compulsory revisions

This is an interesting manuscript in an emerging and challenging area of health sector reform internationally. Integrative care provision is increasingly common despite absence of a convincing evidence base, and hence research projects investigating model development, implementation and effectiveness is urgently needed. However, this manuscript suffer from several shortcoming which should be handled in the revised manuscript as described below:

1. This appears to be a research project carried out in the US which impairs the transferability to other country contexts given the unique character of the US medical system. For example in many countries Chiropractors are not certified, and not even able to practice. Hence the authors should make reference to the international context in the discussion of the results and the limitations of the study;

2. The results related to the feasibility of the model tested should be expanded, for example, where the consensus discussions recorded, how did they evolve over time, were the care givers in the project interviewed to present their views on the model, (why or why not), etc.

In addition, the lessons learned from the different phases of the project, i.e. developing the model and implementing the model in relation to for example health systems structures, processes and outcomes should be described and discussed. Such information would enable other researchers to capitalize on the experience gained and reproduce aspects of the model.

3. The evidence base of the CAM therapies included and what type of criterions used has not been presented, e.g. what is the evidence base considered for OM? The reasoning around this complex area should be spelled out.

4. Quality assurance for many of the professions included in the team is for many countries and continents alike, challenging. The authors claim that they were reluctant to take on board herbal medicines for the very reasons of quality assurance. However, the same problem may very well remain for the procedure based CAM therapies included and this should be discussed.

5. The length of the intervention and the rationale for 12 weeks treatment period
is not discussed considering this being chronic patients. The follow-up time in terms of evaluation of the impact is probably part of the coming efficacy paper, but here the same reasoning may be valid, e.g. that short time follow-ups and their limitations given the LBP chronicity.

6. The good benchmarking method section is not logically presented in the result or discussion sections, and this should be corrected.

7. Why was not GP included, who had the legal responsibility for the patient care? If adverse events, who should be reported? I.e. the medico-legal perspective of the model should be expanded.

8. The barriers & facilitators identified along the project implementation and some perspectives on financial feasibility (from patient to provider organization/health insurer) should be presented to the readers.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests