



Workers' Compensation Trust

What You Should Know About LUMBAR FUSION SURGERY As Treatment for Degenerative Disc Disease

This information sheet is for injured workers who are considering lumbar fusion surgery. It does not provide medical advice. Whether lumbar fusion is right for you is a choice you must make with your doctor, but because it is such an invasive procedure, the Workers' Compensation Trust wants to ensure that you have a full understanding.

What is lumbar fusion surgery?

Lumbar fusion surgery is performed as treatment for a number of different conditions that affect the structural integrity of the spine (for example, certain spinal fractures). Lumbar fusion surgery is also sometimes performed for treatment of severe chronic low back pain in patients with degeneration of one or more discs.

How are the results for injured workers with chronic low back pain and degenerative disc disease?

You should consider discussing the following information with your physician before making a decision about whether you will proceed with surgery.

- In some studies, when lumbar fusion is compared to other treatments, patients who receive a fusion do better than those who continue to get the same treatment they were already receiving. However, in other studies, patients who did not have the surgery but instead were referred for intensive medical management and interdisciplinary rehabilitation did as well as those who had fusion surgery.
- Ten (10) to Twenty (20) percent of patients develop complications from surgery. Complications include infection, deep vein thrombosis, pulmonary embolism, nerve injuries and problems with bone grafts or implanted devices.
- About one in every four injured workers who have a lumbar fusion will have another lumbar surgery. Subsequent surgeries are often done because the fusion doesn't "take" (become solid) or the hardware used in the fusion becomes a problem; or, because the spine above or below the fusion starts to deteriorate, which causes more pain and disability.
- Most injured workers who are disabled by their back pain remain disabled after their surgery; some even require more medication.

*Studies of injured workers show about half of them get better after the surgery.
However, up to one-third of patients report a "poor" result.*

What treatment is available if I decide not to have lumbar fusion?

A variety of alternative treatment options are available including: intensive physical rehabilitation, chronic pain management, ongoing medication, work conditioning/work hardening programs including health club and nutrition memberships. You and your doctor should discuss whether any of these or other treatment options would be helpful.

Can I get a second opinion?

Should you be considered a candidate for lumbar fusion surgery by your treating provider, we encourage you to get a second opinion from a provider of your choice within the medical care plan. This will be paid for by the Workers' Compensation Trust. Should you wish to pursue this option, please contact your assigned claims adjuster or nurse case manager or email nurse@wctrust.com to assist you in scheduling an appointment.

What do medical organizations say about lumbar fusion?

Several medical societies have done thorough reviews of the scientific studies on lumbar fusion.

The American Pain Society in 2009 recommended that *"...shared decision-making regarding surgery for nonspecific low back pain include a specific discussion about intensive interdisciplinary rehabilitation as a similar effective option, the small to moderate average benefit from surgery versus non-interdisciplinary nonsurgical therapy, and the fact that the majority of such patients who undergo surgery do not experience an optimal outcome (defined as minimum or no pain, discontinuation of or occasional pain medication use, and return of high-level function)."*

The International Society for the Advancement of Spine Surgery in 2007 recommended that fusion surgery is only indicated for patients with chronic low back pain and degenerative disc disease if: *"...The patient has not shown sufficient improvement from a minimum of 6 consecutive months of structured conservative medical management (including at least pain medication, activity modification, and daily exercise), with adequate patient compliance."* And, *"The patient has then subsequently not shown sufficient improvement from a program of intensive multidisciplinary rehabilitation..."*

The American Association of Neurological Surgeons in 2005 concluded that *"Lumbar fusion is recommended as a treatment for carefully selected patients with disabling low back pain due to one-or two level degenerative disease without stenosis or spondylolisthesis... An intensive course of physical therapy and cognitive therapy is recommended as a treatment option for patient with low-back pain in whom conventional medical management has failed."*

We are here to help!

We hope you find this information is helpful in your medical decision making. If you have any questions or concerns, please feel free to contact your adjuster or nurse case manager directly or email nurse@wctrust.com.

We want to work with you and your doctor to provide you with a treatment plan that works best for you.

Definitions of key medical terms used in this informational fact sheet

Cognitive Therapy – a form of psychotherapy that aims to help people in the ways they think (the cognitive) and in the ways they act (the behavior) usually provided by a psychologist or behavioral therapist.

Interdisciplinary Rehabilitation – is usually referred to as a group of non-surgical health care professionals from diverse fields who work in a coordinated fashion toward a common goal for the patient.

Nonsurgical Therapy - Alternative treatment options other than invasive surgery.

References

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