

## CLINICAL POLICY ADVISORY GROUP (CPAG)

### **Derby and Derbyshire CCG Position Statement: Spinal Fusion for Mechanical Axial Low Back Pain**

#### **Statement**

Derby and Derbyshire CCG has deemed that spinal fusion should not routinely be commissioned for people with mechanical axial low back pain.

#### **Exclusion Criteria**

Indications excluded from this position statement include the following:

- Conditions of a non-mechanical nature, including:
  - inflammatory causes of back pain (for example, ankylosing spondylitis or diseases of the viscera)
  - serious spinal pathology (for example, neoplasms, infections or osteoporotic collapse)
  - scoliosis
- Pregnancy-related back pain
- Sacroiliac joint dysfunction
- Adjacent-segment disease
- Failed back surgery syndrome
- Spondylolisthesis.

#### **Exceptions**

Spinal fusion is usually reserved for the following:

- Patients with a symptomatic spinal deformity (e.g. scoliosis)
- Instability (e.g. spondylolisthesis; trauma)
- An adjunct during spinal decompression surgery, where a more extensive exposure of the affected neurological structures is required and would otherwise render the spine unstable.

This commissioning statement is aligned with the [Evidence-Based Interventions List 2 Guidance](#)

The CCG's commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the CCG.

## **Reference**

- NICE Guidance [NG59], Low back pain and sciatica in over 16s: assessment and management, November 2016, accessed 31/12/19, <https://www.nice.org.uk/guidance/ng59>
- Evidence-Based Interventions - List 2 Guidance, Academy of Medical Colleges, November 2020, accessed 09/06/21, [https://www.aomrc.org.uk/wp-content/uploads/2020/12/EBI\\_list2\\_guidance\\_150321.pdf](https://www.aomrc.org.uk/wp-content/uploads/2020/12/EBI_list2_guidance_150321.pdf)

## **Consultation**

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

<b>Consultee</b>	<b>Date</b>
Consultant Trauma, Orthopaedic & Spinal Surgeon, UHDB	May 2021
Clinical Policy Advisory Group	June 2021
Clinical Lay Commissioning Committee	July 2021