

CLINICAL POLICY ADVISORY GROUP (CPAG)

NHS Derby and Derbyshire ICB Position Statement: Spinal Fusion for Mechanical Axial Low Back Pain

Statement

NHS Derby and Derbyshire ICB 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

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

This position statement should be read in full for the details on the rationale behind the exclusion criteria and general exceptions to the statement.

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

*** For information on the rationale please refer to the full position statement below.**

Background Information

Spinal fusion is when two individual spinal vertebrae become joined together by bone formed as a result of corrective surgery. This may involve the use of bone graft and/or surgical implants. The aim of the surgery is to stop motion at that joint in order to stabilise the joint. Spinal fusion is not recommended for patients with non-specific, mechanical back pain ([EBI II, November 2020](#)).

The term 'mechanical' in the context of low back pain has been defined by the Academy of Medical Royal Colleges (AOMRC) and NICE as pain that is not associated with serious or potentially serious causes. It has also been described in the literature as 'non-specific', 'musculoskeletal' or 'simple' low back pain'. There is no focal pathological lesion that accounts for the pain.

Rationale

The excluded indications listed exist due to these specific cohorts of patients being excluded from the evidence review completed by NICE to support their and EBI II's recommendations for spinal fusion. The absence of robust evidence base supporting/challenging the use of spinal fusion for those indications leads to uncertainty of the benefits vs the risks of the procedure. The risk of spinal fusion for the excluded indications listed remain with the treating clinician.

Exceptions

Spinal fusion is generally reserved for the following indications and require management through the usual clinical management pathway. The indications listed below are not specific to mechanical axial low back pain:

- 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.

Reference

- NICE Guidance [NG59], Low back pain and sciatica in over 16s: assessment and management invasive treatments, published November 2016, updated December 2020, accessed 27/09/22, <https://www.nice.org.uk/guidance/ng59/evidence/full-guideline-invasive-treatments-pdf-2726157998>
- Evidence-Based Interventions - List 2 Guidance, Academy of Medical Colleges, November 2020, accessed 27/09/22, https://www.aomrc.org.uk/wp-content/uploads/2020/12/EBI_list2_guidance_150321.pdf