

Spine Care Companion: Module 4

Is it time to discuss surgery?

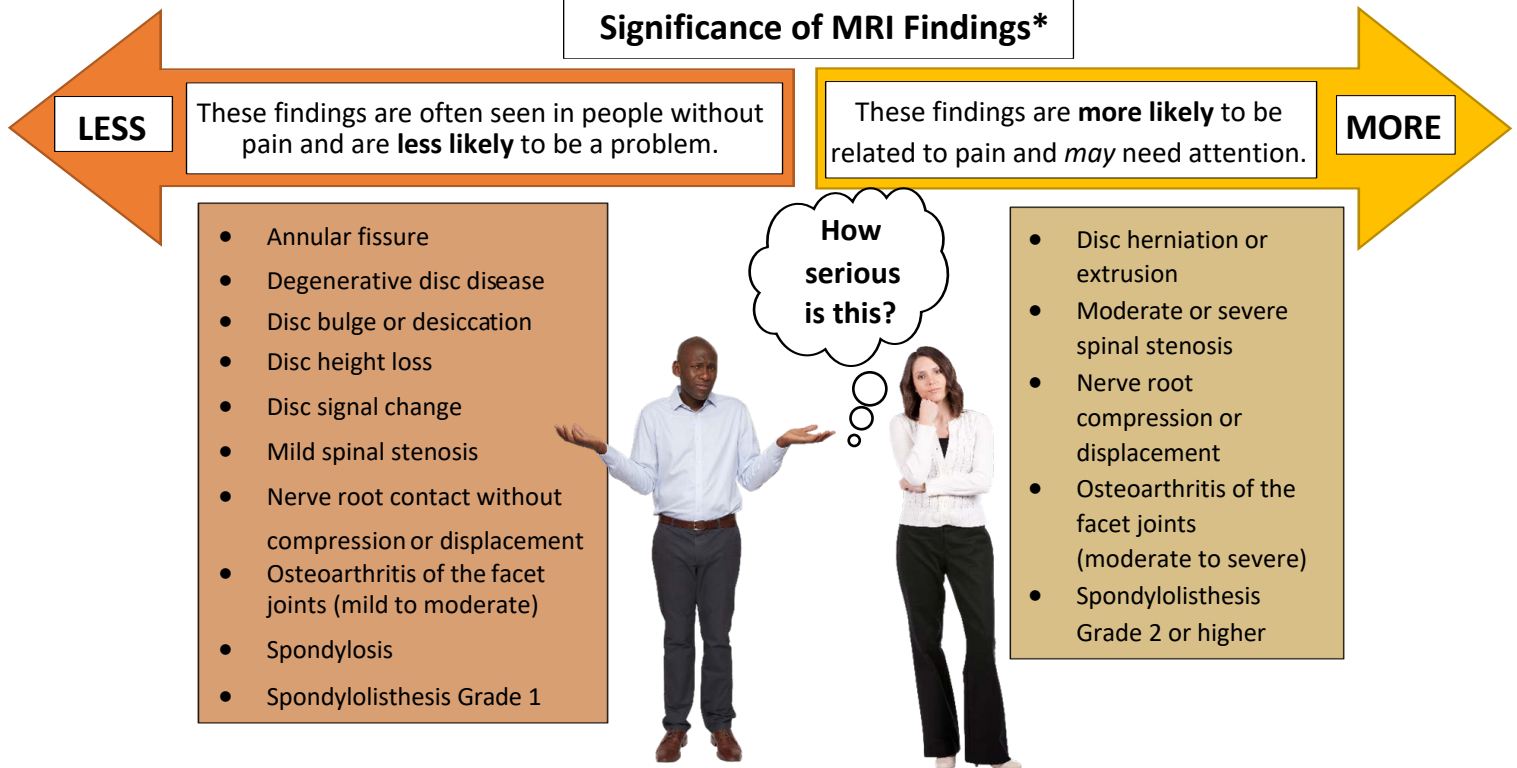
This handout is for patients with back and neck pain. It explains spine surgery referrals, types of spine surgery, surgery outcomes, and insurance authorization.

Should I be referred to a spine surgeon?

You may be referred to a spine surgeon if:

- You have *radiculopathy* (injury to the nerve root). Symptoms of this are severe radiating pain, numbness, and/or weakness in your leg or arm.
- You have tried non-surgical treatments recommended by your provider for several weeks but have not improved.
- An MRI shows an abnormal result that clearly matches your condition. Remember from Module 2 - imaging results that are **not** related to your pain are common. These do not need to be treated with surgery. The image below lists some terms you may see on your MRI report or medical notes. Conditions that are **more** likely to cause pain are on the **right**. Conditions that are **less** likely to cause pain are on the **left**.

Significance of MRI Findings*



*NOTE: A provider must determine the significance of the MRI findings in combination with the person's symptoms and signs. MRI findings without this context do not provide a definite diagnosis.

If I need surgery, which type is right for my condition?

There are 2 main categories of spine surgery: decompression and fusion.

Decompression

- Decompression is usually for treating *herniated discs* (bulging or protruding discs) with symptoms such as pain or numbness.
- Decompression can also treat *spinal stenosis* (when the space inside the backbone is too small).
- The goal of decompression is to relieve pressure from the injured nerve root. Decompressions are less *invasive* and recovery is faster.

Fusion

- A fusion is sometimes done in addition to decompression. Fusion may be needed when the spine is unstable or at risk of becoming unstable.
- Fusion surgeries are more complex. Recovery from fusion is longer and more restricted.

Risks and Alternatives

Some decompression and fusion surgeries can be done in a way that is *minimally invasive*. This means there is less risk and healing may take less time. However, minimally invasive methods are not best in all cases.

Surgery is always an invasive procedure. It is important that you and your spine surgeon discuss all the risks and alternatives before moving forward with surgery.

Alternatives include less common procedures such as disc replacement surgery. But, the reasons for these types of surgeries are much more limited. These procedures are not standard approaches to treating spine pain.

How likely will spine surgery “fix” my problem?

The main goal of surgery is to resolve what is causing the nerves to cause pain. A successful surgery eliminates radiating nerve pain and allow numbness or weakness to gradually recover.

When a surgical procedure is carefully chosen for a specific problem, the results are usually very positive. Unfortunately, surgery does not

restore the spine to a “normal” state. The condition that may have led to the original pain will remain.

For example, fusion surgeries do not usually re-align your spine. *Discectomy* (the removal of a disc) does not replace disc material. This is why rehabilitation is very important, even if you have spine surgery.

Spine surgery sounds scary. Will my team help me make this decision?

Absolutely! Your care team is here to help you understand your options. Your care team includes your primary care provider (PCP), a physiatrist, spine surgeon, and physical therapist (PT). These team members will communicate with each other so that everyone knows the details of your care plan. You will be able to ask all the questions you need to help you make decisions about your care.

Why are some insurance companies hesitant to authorize spinal fusion?

Your care team will decide what type of treatment is best for your condition. That said, sometimes insurance carriers will have requirements or questions that could delay the authorization process.

The two factors below are part of what an insurance company considers when deciding whether to authorize a spinal fusion surgery:

1. Trying Non-surgical Treatment Options First

Patients should try a variety of non-surgical treatments **before** deciding on a spinal fusion.

Non-surgical treatments include:

- Physical therapy or chiropractic care
- Non-narcotic medications
- Injection therapy or pain management
- Complementary and alternative treatments such as acupuncture

In many cases, these treatments will be successful enough that you will not need surgery. Insurance companies may determine you need to try more non-surgical options before authorizing a fusion. We understand this may be frustrating. However, unless your care team determines you need a spinal fusion, starting with non-surgical treatment may be in your best interest.

2. Risks and Complications

Fusion surgery is a complex procedure. There is greater risk of complications and failure (meaning the fusion did not work as planned).

Your care team knows about these risks. Both your care team and your insurance company want to maximize your chances of a successful outcome. In some cases, insurance companies will ask your care team to clarify some medical facts before authorizing the fusion surgery.

If the treatment your care team recommends has good evidence that it will improve your condition, it will usually be approved.

Questions?

Your questions are important. Contact your doctor or healthcare provider if you have questions or concerns.