



Making the best treatment choice for your chronic low-back pain

Stop and think about the best treatment for your low-back pain.

Look at the benefits of an intensive pain-management program.

Learn about the pros and cons of surgery for chronic low-back pain.

If you have chronic low-back pain and are considering lumbar fusion surgery, this information will help you understand your treatment options.

The source of low-back pain is not always clear.

Low back pain signals can come from many parts of the back, including muscles, tendons, ligaments, nerves, bones, or discs. Depending on your particular clinical condition, testing with X-rays or MRI scans may or may not be helpful in finding an exact cause of the pain. Usually, the exact source of chronic low-back pain is not clear, even with testing.

X-rays or MRI scans often show bulging discs, thickened ligaments, or bone spurs. These findings become more common as people age. However, they do not reliably predict the amount of pain or the best treatment option. People with similar findings on these tests can experience severe back pain, or little or no back pain. Although surgery helps some people, in many cases surgery is not a good option.

L&I and your recovery

It's challenging to experience low-back pain. Having a workers' compensation claim with Labor & Industries (L&I) can be stressful – but it doesn't have to be.

L&I will work with you and your provider to help find the best path toward recovery, by increasing function (physical activities), managing pain, and successfully returning to work.

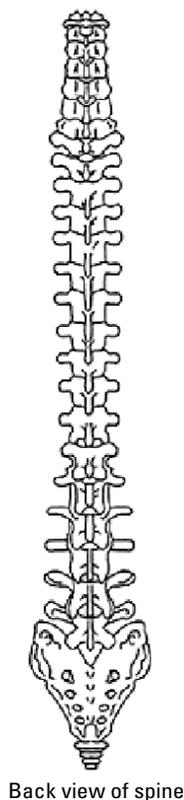
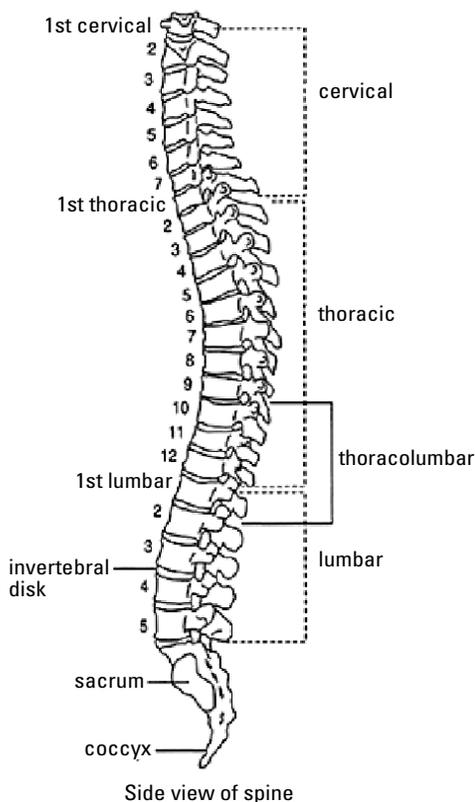
An intensive pain-management program offers many benefits.

Pain-management programs focus on improving your ability to function and to cope with chronic pain. These programs have been shown to help people use less pain medicine, increase their chance of returning to work and reduce their need for health care services.

In an intensive program, you receive treatment every day for up to 20 days. A team of health-care professionals who know a lot about chronic pain provide your treatment. You can learn to reduce the stress on your low back by improving your posture and body mechanics and by increasing your core strength and flexibility. This can help you become more active and improve your quality of life.



Normal Spine



You won't be alone.

In an intensive pain-management program, you will learn, along with other patients, various ways to overcome chronic pain. Your treatment team will work with you to create a plan, customized to meet your needs. They will guide you in setting and achieving your goals.

Treatment will be comprehensive.

Treatment in an intensive pain-management program will be coordinated and seamless. Once you finish intensive treatment, you will receive an individual plan for ongoing care. An important feature of this plan is that those who support you at home will learn how to help you.

Your treatment team may provide up to 6 months of follow-up care. Your team will communicate with you and your Attending Provider, with your family, and with your employer and vocational counselor, so that everyone can understand your needs.

Intensive pain-management programs can work as well as surgery.

Research has shown that an intensive pain-management program can work as well as lumbar fusion surgery,¹⁻⁵ and with fewer serious harmful effects from the surgery itself. Although fusion may provide some pain relief in the short run, this does not always hold up in the long run. By the end of a year after treatment, those treated with surgery were no better off than those treated in an intensive pain-management program.

The best intensive pain-management programs combine several areas of expertise.

- Education to help you understand how your body works
- Therapy that addresses the connections between your thoughts, your feelings, and your pain
- Physical rehabilitation to improve your strength and endurance
- Follow-up care so the benefits of what you learned in the program will last longer

If you eventually decide to have surgery after successfully completing the program, what you learn from an intensive pain-management program will still help you successfully manage your pain for the long haul.

Most patients with chronic low-back pain do not have surgery. Keep in mind that surgery has serious risks that non-surgical treatment does not. **Remember, if you have a lumbar-fusion surgery, the changes to your spine are permanent, and the risk of needing additional surgery increases substantially.**

Will lumbar fusion surgery help you?

The goal of lumbar fusion surgery is to permanently connect, or fuse, two or more vertebral bones that are next to each other. This locks the bones together, limiting back movement in the hopes of limiting mechanical stress or pressure on tender areas.

Sometimes surgery provides relief from pain. However, in most cases involving injured workers, the pain following surgery is no better and may even be worse than it was before. In many cases, lumbar fusion at one area of the back will increase wear and tear nearby, so that the problem may spread.⁶ Also, surgery has serious risks that should be avoided whenever possible.

What is the chance of improvement with lumbar fusion surgery?⁷⁻¹⁰

1. Only one-third of workers who had a lumbar fusion were able to return to some form of work two years after surgery, while the other two-thirds were still disabled and unable to work.
2. Over half of workers who had a lumbar fusion said that their pain and ability to function were no better after surgery. Many others said their pain and function were worse after surgery.
3. Almost one-fourth of workers who had a lumbar fusion needed another surgery within two years.
4. One-fourth of workers who needed another surgery were still disabled two years later.
5. Smoking around the time of surgery greatly reduces the chance that lumbar fusion will work.
6. Using metal hardware to stabilize the fusion does not reduce work disability, increases the risk of surgery, and nearly doubles the chance of needing another surgery.
7. About one in a hundred people who had lumbar surgery died while taking pain medicines after surgery.
8. There is less chance of a good outcome of surgery in workers who are older, who have psychological problems, who have a longer period of disability before surgery, and who have more than one fusion.
9. A person's ability to carry on daily activities in the home and workplace after a lumbar fusion surgery is about the same as if they had completed an intensive pain-management program.

***Pain is complex.
Unfortunately, there's
no simple solution.***



Moving ahead with your recovery

You are in charge — the one who can make the biggest difference in how you experience pain and how you recover.

The health care professionals you work with are available to help you with your rehabilitation and recovery. Your L&I claim manager will assist you in getting the care you need and helping you return to work.

References

1. Brox JI, Sorensen R, Friis A, Nygaard O, Indahl A, Keller A, Ingebrigtsen T, Eriksen HR, Holm I, Koller AK, Riise R, Reikeras O. "Randomized controlled trial of lumbar instrumented fusion and cognitive intervention and exercises in patients with chronic low back pain and disc degeneration." *Spine* 2003;28 (17): 1913–1921.
2. Chou R, Baisden J, Carragee E, Resnick D, Shaffer W, Loeser J. "Surgery for low back pain: a review of the evidence for an American Pain Society clinical practice guideline." *Spine* 2009; 34 (10): 1094–1109.
3. Fairbank J, Frost H, Wilson-MacDonald J, Yu L, Barker K, Collins R. "Randomised controlled trial to compare surgical stabilisation of the lumbar spine with an intensive rehabilitation programme for patients with chronic low back pain: the MRC spine stabilisation trial." *BMJ* 2005; 330 (7502): 1233.
4. Mirza SK, Deyo RA. "Systematic review of randomized trials comparing lumbar fusion surgery to nonoperative care for treatment of chronic back pain." *Spine* 2007; 32 (7):816–823.
5. Turk D. "Clinical effectiveness and cost-effectiveness of treatments for patients with chronic pain." *Clin J Pain* 2002; 18 (6): 355–365.
6. Ekman P, Moller H, Shalabi A, Xiao Y, Hedlund R. "A prospective randomised study on the long-term effect of lumbar fusion on adjacent disc degeneration." *Eur Spine J* 2009; 18:1175–1186.
7. Brown WC, Orme TJ, Richardson H. "The rate of pseudarthrosis (surgical nonunion) in patients who are smokers and patients who are nonsmokers: a comparison study." *Spine* 1986; 11:942–943.
8. Franklin GM, Haug J, Heyer NJ, McKeefrey SP, Picciano JF. "Outcome of lumbar fusion in Washington State workers' compensation." *Spine* 1994; 19(17):1897–1904.
9. Juratli SM, Franklin GM, Mirza SK, Wickizer TM, Fulton-Kehoe D. "Lumbar fusion outcomes in Washington State workers' compensation." *Spine* 2006; 31 (23): 2715–2723.
10. Juratli SM, Mirza SK, Fulton-Kehoe D, Wickizer TM, Franklin GM. "Mortality after lumbar fusion surgery." *Spine* 2009; 34 (7): 740–747.

*Other formats for persons with disabilities are available on request.
Call 1-800-547-8367. TDD users, call 360-902-5797. L&I is an
equal opportunity employer.*