



8.7.2025

Comments submitted via web-based form

<https://effectivehealthcare.ahrq.gov/products/form/lumbar-spinal-fusion/draft-comments>

Dear Ms. Wittenberg and AHRQ EPC reviewers,

The American College of Radiology (ACR) a professional medical specialty society representing over 41,000 physicians practicing diagnostic radiology, interventional radiology, radiation oncology, and nuclear medicine as well as medical physicists - would like to thank you for the opportunity to provide input on the recent draft systemic review on The Performance of Fusion Procedures for Degenerative Disease of the Lumbar Spine. The ACR strongly supports evidence-based, safe, and efficacious patient care and appreciates the opportunity to work with the AHRQ EPC to this end.

In order to differentiate which patients will benefit from a particular intervention, it is important to deconstruct the concept of chronic low back pain and divide it into the diverse causes of this affliction. Specifically, efficacious evidence-based treatment decisions depend not only on the character of the pain (axial vs. radicular), but also the specific cause of the pain (e.g., fracture, malignancy, degenerative disc disease, spondylolisthesis, central canal stenosis, neural foraminal stenosis). Therefore, evaluation of the evidence for or against a given procedure must take into account not only the presence of back pain, but also the character and cause of the pain in the subset of patients studied. The ACR is concerned that the conclusions drawn from the studies analyzed could lead to coverage decisions that restrict access to appropriate, necessary care and favor alternatives that are less efficacious and lead to greater total costs of care.

For example, in the discussion of epidural steroid injections, the statement "in patients with chronic low back pain (CLBP) due to degenerative lumbar disease without herniated disc, improvement in pain and function is probably similar for epidural steroid injections versus placebo" nicely fits the studies included in the review, but does not pass the muster of appropriate patient selection. Epidural steroid injections are most appropriately performed in patients with radicular pain associated with neural impingement. Epidural steroid injections are not appropriate in the setting of axial or nonspecific CLBP. The presence or absence of disc herniation on imaging is immaterial in the decision to proceed to epidural steroid injection if the patient lacks radicular pain. Our society worries that statements discussing the efficacy of a procedure for an overly generalized indication could harm patients, when carefully selected patients could greatly benefit from an epidural steroid injection.

A similar issue is present in the phrase "in patients with chronic low back pain (CLBP) due to degenerative lumbar disease without herniated disc, improvement in pain and function is probably similar for epidural steroid injections versus placebo. Improvements in these outcomes may be similar to placebo for medial bundle [sic] branch block and facet joint injections." Appropriate patient selection is critical in these procedures. Nonspecific low back pain, as might be described by "degenerative

lumbar disease without herniated disc" is not an appropriate indication for these procedures, as they should only be performed in patients with facet joint related pain. Furthermore, medial branch blocks alone are not meant to produce superior clinical outcomes - their utility lies in their ability to predict success of radiofrequency denervation of specific lumbar facet joints. Therefore, the medial branch block is a diagnostic procedure, a necessary prerequisite to radiofrequency ablation for treatment of pain related to facet joints.

ACR was surprised to see the evaluation of non-fusion spinal interventions in a report titled "Draft Systematic Review of The Performance of Fusion Procedures for Degenerative Disease of the Lumbar Spine". As many radiologists study and perform these imaging-guided interventions, the ACR would be happy to provide evidence and subject matter experts should further discussion of these life-altering procedures help strengthen the panel's report.

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