



3-MINUTE READ

Low-Value Surgeries Are Costing You More Than Money

Elective orthopedic surgery definitely has its place. But too many members get pushed there too fast.

This can lead to low-value surgeries—wasteful procedures that are invasive, risky, lacking in evidence, and failure-prone—as well as unnecessary.¹⁻⁴ **When low-value orthopedic surgeries don't deliver, employers (and members) still pay in more ways than one.**

Let's take a closer look at the burden that low-value orthopedic surgeries put on employers' bottom line and beyond. To illustrate real-world impact, we'll share some key stats on **spine surgeries—which tend to be high cost, low value, and overused.**^{2*} In fact, **200,000+ unnecessary spine surgeries are estimated to have cost Medicare ~\$2 billion from 2019–2021.**²

KEY TAKEAWAYS

- ✔ Low-value surgeries are procedures that are unnecessary or carry a higher risk of harm than benefit.¹
- ✔ Spine surgeries tend to be high cost but low value—as well as overused.²
- ✔ Low-value orthopedic surgeries affect employers' bottom line and beyond.

The hidden costs of low-value surgeries



The direct costs of low-value surgical procedures are just the beginning. Check out the additional factors that take a toll on employers and members, financially and otherwise:

1 Revision surgeries^{5,6}

Low-value orthopedic surgeries (such as **spinal fusion**) are associated with worse outcomes and a higher need for revision surgery.[†] As lumbar fusion surgery research has demonstrated, **revision surgeries can result in outcomes that are worse than those of initial surgery.** This can create a need for further surgery (reoperation).

2 Complications related to initial and revision surgery^{2,3,5-12}

Surgery presents multiple risks, including blood clots, heart attack, metal allergies, infection, stroke, and even death. Compared to initial surgeries, **revision surgeries come with a higher risk for complications.**

3 Productivity loss

Post-surgery productivity loss adds up. In fact, the **average return-to-work rate for worker's comp spinal surgery patients is 233 days.**²

4 Chronic pain and disability

Low-value surgeries can actually worsen pain and create additional problems, requiring more intensive procedures down the road.^{10,11} For example, **failed back surgery syndrome[‡] can affect up to 40% of patients.**¹³

5 Opioid dependence

Using opioids to manage post-op pain can escalate into dependence or addiction.¹⁴

6 Mental health conditions

People living with chronic pain are at greater risk for depression, anxiety, and substance use disorders.^{4,15}

Given the medical, economic, and quality-of-life burdens that low-value MSK surgeries present, it's clear:

Employers need an MSK option in care that helps them to control for surgery overuse.

The Regenexx Corporate Program can help reduce the need for up to two-thirds of unnecessary orthopedic surgeries.¹⁶



***"Overused" in this context refers to spine surgery patients with lower back pain who did not receive certain diagnoses for which the surgeries were indicated (such as trauma, a herniated disc, or scoliosis).*

†Revision surgery = future procedure to correct or improve the previous one.

‡Failed back surgery syndrome (FBSS) = a collection of symptoms that happen after spinal surgery (such as laminectomy) like limited mobility and persistent or recurring pain in different areas. While FBSS doesn't necessarily mean that the surgery totally failed, it can have various contributing factors. (A laminectomy is a procedure to treat back pain that removes part of a vertebra, typically performed alongside a spinal fusion.)²

Ready to talk back to low-value back surgeries— and other unnecessary orthopedic procedures?

Reach out to learn more about how we help employers offer a non-surgical MSK care option that can help members to postpone or avoid surgery altogether.

**Contact the Regenexx
Corporate Sales Team**



Check out the table below featuring self-reported data from the **Regenexx Provider Patient Registry.**

The table compares the **total summary costs of two different spinal surgical procedures** to those of **procedures using Regenexx injectates** over a 4-year period.

4-Year Total Summary Cost Comparison

Traditional Spine Surgery		Regenexx [®] Patented Protocol ¹⁶		
Surgery Type	Total Costs	Surgery Avoided	Total Costs	Total Cost Savings
Lumbar decompression (1-3 levels)	\$48,123	Lumbar decompression (1-3 levels)	\$10,746	\$37,377
Lumbar fusion (1-3 levels)	\$103,389	Lumbar fusion (1-3 levels)	\$12,392	\$90,997

Note: Total surgery costs include the surgery as well as costs related to complications, rehabilitation, and revision surgery.

What is the
Regenexx[®]
Corporate Program?

The Regenexx Corporate Program provides **MSK cost savings for self-funded employers**. According to a Validation Institute cost-savings analysis, **procedures using Regenexx injectates were ~50% less expensive than the surgery avoided.**¹⁷

The program continues to see traction among employers, brokers, and third-party administrators who have chosen to partner with us. The Regenexx benefit is no cost to add and simple to include in any self-funded healthcare plan.

Learn how adding the Regenexx benefit can **reduce costs by up to 70%** on individual surgeries while offering members a new option in care.¹⁶

Regenexx[®]
Corporate Program

6151 Thornton Avenue, Suite 400
Des Moines, IA 50321



regenexxcorporate.com

877-341-5968

Cost avoidance estimates for individual groups are not reflective of the potential cost avoidance estimates for another group. Any estimate of cost avoidance for a group is specific to their employee population. To understand how your company's surgical experience may relate to the Regenexx approach, you can request a [Regenexx Corporate Program Impact Study](#).

Cost savings estimates: Physicians within the licensed Regenexx network indicate the surgical procedure for which Regenexx provider patients are a candidate. The Regenexx Corporate Program then measures the actual cost of the procedure using Regenexx lab processes against the cost of the surgical alternative. While the Regenexx Corporate Program does post service reviews and assess a percentage of Regenexx provider patients, not all these cases have been verified by a third party. Fair cost estimates based on Denver, CO ZIP code. In some cases, a generic "arthroscopy" cost estimate had to be used when a detailed condition-specific estimate was unavailable.

Like all medical interventions, procedures using Regenexx lab processes have a success and failure rate. Regenexx provider patient reviews and testimonials in this email should not be interpreted as a statement on the effectiveness of regenerative therapy for anyone else. Industry professional reviews and testimonials reflect the experience of that entity with the Regenexx Corporate Program. To discuss what a partnership with Regenexx could look like for your company or client, [contact our team](#).

The information provided by Regenexx is for informational purposes only and is not intended or implied to be a substitute for professional medical advice, diagnosis, or treatment. Regenexx is not a teaching institution or medical practice, and does not engage in the training of physicians or the practice of medicine. Physicians listed on the Regenexx websites are independent contractors who have licensed certain Regenexx intellectual property. Nothing on the Regenexx webpages, the Regenexx blog, any informational videos, or other marketing materials should be interpreted as endorsing a particular physician or establishing an employer-employee, partnership, or agency relationship between Regenexx and any physician.

© Regenexx Corporate 2025. All rights reserved.

References

1. Elshaug AG, Rosenthal MB, Lavis JN, et al. Levers for addressing medical underuse and over-use: achieving high-value health care. *Lancet*. 2017;390:191–202.
2. Lown Institute. Unnecessary back surgery. Lown Institute Hospitals Index. Published November 14, 2024. Accessed July 23, 2025. <https://lownhospitalsindex.org/unnecessary-back-surgery/>
3. Delzell E. Heart risks with joint replacement surgery. Arthritis Foundation website. Reviewed February 18, 2022. Accessed July 19, 2024. <https://www.arthritis.org/health-wellness/treatment/joint-surgery/safety-and-risks/heart-risks-with-joint-replacement-surgery>
4. *Americans in Motion*. Evernorth Research Institute. August 2022. *© 2022 Evernorth. All rights reserved. All Evernorth-branded products and services are provided exclusively by or through affiliates of the Evernorth companies, including Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Evernorth Behavioral Health of Texas, Inc., and Evernorth Behavioral Health of California, Inc. August 2022 678701_22.
5. Lambrechts MJ, Toci GR, Siegel N, et al. Revision lumbar fusions have higher rates of reoperation and result in worse clinical outcomes compared to primary lumbar fusions. *The Spine Journal*. 2023;23(1):105–115.
6. Centeno C. Spinal fusion: is it worth it? More research says no... *Regenexx blog*. Published September 18, 2019. Accessed July 24, 2025. <https://regenexx.com/blog/spinal-fusion-is-it-worth-it/>
7. Surgical risks. Regenexx website. Accessed March 27, 2025. <https://regenexx.com/our-approach/surgical-risks/>
8. Lons A, Putman S, Pasquier G, Migaud H, Drumez E, Girard J. Metallic ion release after knee prosthesis implantation: a prospective study. *Int Orthop*. 2017;41(12):2503–2508.
9. Lal Mohamed A, Vestergaard P, Klop C, et al. Timing of acute myocardial infarction in patients undergoing total hip or knee replacement: a nationwide cohort study. *Arch Intern Med*. 2012;172(16):1229–1235.
10. Lehmann TR, Spratt KF, Tozzi JE, et al. Long-term follow-up of lower lumbar fusion patients. *Spine*. 1987;12(2):97–104.
11. Cho SK, Bridwell KH, Lenke LG, et al. Major complications in revision adult deformity surgery: Risk factors and clinical outcomes with 2- to 7-year follow-up. *Spine*. 2012; 37(6):489–500.
12. Alhaug OK, Dolatowski FC, Kaur S, Lønne G. Postoperative complications after surgery for lumbar spinal stenosis, assessment using two different data sources. *Acta Neurochirurgica*. 2024;166(1):189.
13. Orhurhu VJ, Chu R, Gill J. Failed back surgery syndrome. In: StatPearls. StatPearls Publishing; 2025.
14. Hah JM, Bateman BT, Ratliff J, Curtin C, Sun E. Chronic opioid use after surgery: implications for perioperative management in the face of the opioid epidemic. *Anesthesia and Analgesia*. 2017;125(5):1733.
15. American Psychiatric Association. Chronic pain and mental health often interconnected. *American Psychiatric Association blog*. Posted November 13, 2020. Accessed July 23, 2025. <https://www.psychiatry.org/News-room/APA-Blogs/Chronic-Pain-and-Mental-Health-Interconnected>
16. Regenexx data on file.
17. Validation Institute. *Validation Report*. Published 2023. Accessed May 14, 2024.

Regenexx will never sell your information and is committed to your privacy. Read about our [Privacy Policy](#), the way we use information, and our commitment to data security. If you decide that you're no longer interested in receiving the Regenexx at Work Newsletter, we'll be sorry to see you go. Please reply to this email to let us know you'd like to opt out of receiving future issues of the Regenexx at Work Newsletter.