

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. TVPC52 **Management of low back pain and sciatica
(reviewed in light of Evidence Based Intervention (EBI)
guidance)**

**Recommendation made by
the Priorities Committee:** February 2017/ Updated March 2019¹/November 2020²

Date of issue: **January 2021**

This policy covers the management of low back pain and sciatica in adults over the age of 16 years. This policy is in line with NICE guideline NG59 (2016) 'Low back pain and sciatica in over 16s: assessment and management'³

NICE guidance specifies that the term 'low back pain' is used to include any non-specific low back pain which is not due to cancer, fracture, infection or an inflammatory disease process. Sciatica is pain caused by irritation or compression of the sciatic nerve.

All recommended conservative treatments should have been tried and failed prior to accessing invasive interventions.

Imaging

Do not routinely offer imaging in a non-specialist setting for people with low back pain with or without sciatica in the absence of red flags, or suspected serious underlying pathology following medical history and examination. Imaging in low back pain should be offered if serious underlying pathology is suspected. Serious underlying pathology includes but is not limited to: cancer, infection, trauma, spinal cord injury (full or partial loss of sensation and/or movement of part(s) of the body) or inflammatory disease. Imaging within specialist centres is indicated only if the result will change management.

Non invasive interventions:

Acupuncture

- Acupuncture for managing low back pain with or without sciatica is not normally funded.

Manual therapy

- Consider manual therapy (spinal manipulation, mobilisation or soft tissue techniques such as massage) for managing low back pain with or without sciatica, but only as part of a treatment package including exercise, with or without psychological therapy and only as part of NHS back pain management services.

Injection therapy:

¹ No changes have been made to this policy.

² Imaging section included to reflect Evidence Based Intervention List 2 Guidance

³ <https://www.nice.org.uk/guidance/ng59>

Spinal injections

- Spinal injections for managing low back pain are not normally funded. These include: facet joint injections, medial branch blocks, intradiscal injections, prolotherapy (also known as proliferation therapy or regenerative injection therapy) and trigger point injections.

Epidural injections:

- Consider epidural injections of local anaesthetic and steroid in people with acute and severe sciatica.
- Epidural injections for neurogenic claudication in people who have central spinal canal stenosis are not normally funded.

The epidural space lies within the spinal canal, outside the dura mater, and contains the spinal nerve roots, fat, connective tissue and blood vessels. An epidural injection is an injection of a therapeutic substance into this canal. Administration may involve a caudal injection at the base of the spine, in the midline between the vertebral laminae (interlaminar epidural) or laterally, through the intervertebral foramen (transforaminal epidural, nerve root injection, dorsal root ganglion injection).

Radiofrequency denervation for chronic low back pain:

- Consider referral for assessment for radiofrequency denervation for people with chronic low back pain when all three of the following criteria are met:
 - non-surgical treatment has not worked for them and
 - the main source of pain is thought to come from structures supplied by the medial branch nerve and
 - they have moderate or severe levels of localised back pain (rated as 5 or more on a visual analogue scale or equivalent) at the time of referral.
- Only perform radiofrequency denervation in people with chronic low back pain after a positive response to a diagnostic medial branch block.
- Do not offer imaging for people with low back pain with specific facet joint pain as a prerequisite for radiofrequency denervation.
- Radiofrequency denervation of sacroiliac joint pain is not normally funded.

Spinal surgery:

Spinal decompression for sciatica

(laminectomy, foraminotomy, undercutting facetectomy and discectomy)

- Consider spinal decompression for people with sciatica when both of the following criteria are met:
 - non-surgical treatment has not improved pain or function and
 - their radiological findings are consistent with sciatic symptoms

Spinal fusion

- Spinal fusion for people with low back pain is not normally funded.

Disc replacement surgery

- Disc replacement surgery for person with low back pain with or without sciatica is not normally funded.

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g. from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.cscsu.nhs.uk/>

OPCS Codes

Acupuncture and manual therapy

A70.5 Electroacupuncture

A70.6 Acupuncture NEC

X61.1 Complementary therapy, functional therapy session

Osteopathy and chiropractic – any of the following

X61.4 movement therapy NEC

X61.8 Other specified complementary therapy

X61.9 Unspecified complementary therapy

Epidural Injection (Sacral or Interlaminar)

Primary OPCS:

A52.1: Therapeutic lumbar epidural injection

A52.2: Therapeutic sacral epidural injection

Secondary OPCS:

N/A

Epidural/Nerve Root Injection

Primary OPCS:

A57.7: Injection of therapeutic substance around spinal nerve root

A73.5: Injection of therapeutic substance around peripheral nerve

Secondary OPCS:

Z07.3: Spinal nerve root of lumbar spine (included after Primary OPCS A57.7)

Z07.8: Specified spinal nerve root NEC (included after Primary OPCS A57.7)

Z10: Lumber Plexus (included after Primary OPCS A73.5)

Z11: Sacral Plexus (included after Primary OPCS A73.5)

Facet Joint Injection/ Medial Branch Block

Primary OPCS:

V54.4: Injection around spinal facet of spine

Secondary OPCS: (either will be included after Primary OPCS)

Z67.5: Lumbar intervertebral joint

Z67.6: Lumbosacral joint

Radiofrequency Denervation (Lumber Facet Joint)

Primary OPCS:

V48.5: Radiofrequency controlled thermal denervation of spinal facet joint of lumbar vertebra

Secondary OPCS:

N/A

Lumber Spinal Fusion (Posterior)

Primary OPCS:

V38.2: Primary posterior interlaminar fusion of joint of lumbar spine

V38.3: Primary posterior fusion of joint of lumbar spine NEC

V38.4: Primary intertransverse fusion of joint of lumbar spine NEC

V38.5: Primary posterior interbody fusion of joint of lumbar spine

V38.6: Primary transforaminal interbody fusion of joint of lumbar spine

V38.8: Other specified primary fusion of other joint of spine

V25.1: Primary extended decompression of lumbar spine and intertransverse fusion of joint of lumbar spine

V25.3: Primary posterior decompression of lumbar spine and intertransverse fusion of joint of lumbar spine

V41.1: Posterior attachment of correctional instrument to spine

V41.8: Other specified instrumental correction of deformity of spine

Secondary OPCS: (either will be included after Primary OPCS V38.8)

Z67.5: Lumbar intervertebral joint

Z67.6: Lumbosacral joint

Revision Lumber Fusion

Spinal decompression

V25 Primary decompression operations on lumbar spine

V251 Primary extended decompression of lumbar spine and intertransverse fusion of joint of lumbar spine

V252 Primary extended decompression of lumbar spine NEC

V253 Primary posterior decompression of lumbar spine and intertransverse fusion of joint of lumbar spine

V254 Primary posterior laminectomy decompression of lumbar spine

V255 Primary posterior decompression of lumbar spine NEC

V256 Primary lateral foraminotomy of lumbar spine

V257 Primary anterior corpectomy of lumbar spine and reconstruction HFQ

V258 Other specified primary decompression operations on lumbar spine

V259 Unspecified primary decompression operations on lumbar spine

V67 Other primary decompression operations on lumbar spine

V671 Primary posterior lumbar medial facetectomy

V672 Primary hemilaminectomy decompression of lumbar spine

V678 Other specified other primary decompression operations on lumbar spine

V679 Unspecified other primary decompression operations on lumbar spine

V33 Primary excision of lumbar intervertebral disc

V331 Primary laminectomy excision of lumbar intervertebral disc

V332 Primary fenestration excision of lumbar intervertebral disc

V333 Primary anterior excision of lumbar intervertebral disc and interbody fusion of joint of lumbar spine

V334 Primary anterior excision of lumbar intervertebral disc NEC

V335 Primary anterior excision of lumbar intervertebral disc and posterior graft fusion of joint of lumbar spine

V336 Primary anterior excision of lumbar intervertebral disc and posterior instrumentation of lumbar spine

V337 Primary microdiscectomy of lumbar intervertebral disc

V338 Other specified primary excision of lumbar intervertebral disc

V339 Unspecified primary excision of lumbar intervertebral disc

Prosthetic replacement of lumbar intervertebral disc

V363 Prosthetic replacement of lumbar intervertebral disc