Commissioning Policy

Management of non-specific lumbar back pain and/or radicular pain (sciatica) in patients over 16 years of age

Criteria Based Access (CBA)

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Authorisation and document control

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Job title of ICB author/editor:	Senior Programme Manager, Elective Care
Name of sign off group:	Effective Clinical Commissioning Policies Group

Equality and Engagement Impact Assessment	
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Consultation	
Name of group	**Date considered**
Clinical leads – Pain management, spinal surgery, MSK advanced practitioner service, GP.	August – November 2023
MSK Clinical Programme Group	23rd November 2023

Authorisation	
Name of group	**Date approved**
Commissioning Policy Review Group (previously Effective Clinical Commissioning Policies Group)	12/12/23
System Quality Committee	15/02/2024

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To be reviewed by (job title)	Lead commissioner for Pain Management

Version control				
Version number	**Date**	**Summary of changes**	**Author/Editor**	**Approved by**
0.01	19/10/2018	Replacement of existing policies for medial branch blocks, radiofrequency denervation, epidural injections and facet joint injections. To align policy with NICE ng59 guidance.	Commissioning Manager, Planned Care	CCG Integrated Quality and Governance Committee
0.02	January 2020	No wording changes. Review date updated to January 2022.	Commissioning Manager, Planned Care	ECCP Group
0.03	March 2021	Wording added around Lumbar radiofrequency facet joint denervation (RFD) into Policy Statement to bring in line with EBI policy	Programme Manager, Elective Care	CCG Executives
1.0	December 2023	Policy reordered and reworded and moved to new policy template. Additional criteria added in relation to repeat epidural and nerve root block injections.	Senior Programme Manager, Elective Care	Effective Clinical Commissioning Policies Group 12.12.2023 System Quality Committee 15.02.2024

1.0 Background

This policy sets out the Gloucestershire Integrated Care Board's position on the commissioning of spinal injections and radiofrequency denervation for non-specific lumbar back pain and/or radicular pain (sciatica)

Lumbar back pain is pain in the section of spine between the bottom of the rib cage and the pelvis. Most low back pain is described as 'non-specific', meaning that the pain is not caused by an infection, a fracture or a disease like cancer. Some people also experience symptoms radiating down one or both legs (radicular symptoms/sciatica), due to irritation of the nerves in the back.

The pain may vary from mild to severe. Most people will suffer from back pain at some point in their lives and it may recur. Most back and radicular pain improves enough within days to weeks, to be able to return to normal activities.

For the majority of patients, gentle, gradually increasing levels of exercise is the most effective and safest treatment for back pain and sciatic symptoms. NICE guidelines recommend that spinal injections should only be considered where conservative measures have failed.

2.0 Policy statement

Policy principles:

- Consider using risk stratification, eg STarT Back, for any patient with low back pain and/or sciatica, to inform shared decision-making.
- Patients with non-specific low back pain should be managed conservatively whenever possible, as injections are not a cure for the underlying condition. Options include:
    - wait and see
    - lifestyle changes
    - optimising mental and physical health
    - social prescribing
    - physical activity programmes
    - manual therapies with activity/exercise plan
- Long term condition self- management via Pain Self-Management service. Patients should be referred to Get U better or physiotherapy services in the first instance
- Referral to secondary care should be via the MSK triage services.
- Any injection should be accompanied by appropriate exercise/activity advice and an understanding that the injection in isolation is unlikely to provide long term relief.

Criteria for facet joint pain

Funding is approved for treatment of facet joint pain as follows:

1. Diagnostic medial branch blocks, prior to radiofrequency denervation of the lumbar facet joints
OPCS code: V544, V485, V486, V487, V488, V489

A single set of diagnostic medial branch blocks is commissioned to assess possible benefit from Radiofrequency Denervation when:

a) Conservative management (exercise therapy) has failed
AND
b) The main source of pain is thought to come from structures supplied by the medial branch nerves
AND
c) The patient has localised back pain (>5/10 on a Visual Analogue Scale or equivalent)

2. Radiofrequency denervation of lumbar facet joints
Is commissioned for patients with lumbar back pain who gain >50% reduction in pain immediately following diagnostic lumbar medial branch blocks (using 1ml or less of local anaesthetic at each level)

3. Repeat diagnostic medial branch blocks and/or radiofrequency denervation
Can be offered after 16 months if:

- Pain relief lasted for at least 12 months.
  AND
- During this time, the patient was able to achieve meaningful goals and engage in an appropriate exercise plan.

Criteria for radicular pain/sciatica

Funding is approved for treatment of radicular pain/sciatica as follows:

1. Epidural injections and nerve root blocks
OPCS-4.7 Code: A521 A522

- A single epidural injection or nerve root block of local anaesthetic and steroid is commissioned when:
- The patient has acute, severe sciatica.
  AND
- A trained interventional clinician judges that a single injection is appropriate to enable participation in an activity/physiotherapy programme.

2. Repeat epidurals and nerve root blocks
Repeat nerve root injections or epidurals are funded in order to prevent the requirement for surgery as follows:

- When there is demonstrable pathology in keeping with the symptoms
- no more frequently than every 12 months
  AND
- >50% reduction in pain for a period of at least 6 months or significant improvement in sleep, exercise, participation in activities for at least 6 months (must be reviewed after each injection)

Treatments that are not funded

The treatments and devices listed below are not funded for lumbar back pain, sciatica or lumbar radicular pain.

- Facet joint injections for diagnostic or therapeutic purposes, unless the patient fulfils the exemption criteria*
- Intradiscal Therapy with steroid or anti-inflammatories
- Prolotherapy (also known as proliferation therapy or regenerative injection therapy)
- Lumbar Trigger Point Injections with steroid or botulinum toxin
- Imaging in a non-specialist setting
- Belts or corsets
- Foot orthotics
- Rocker Sole Shoes
- Traction
- Acupuncture
- Ultrasound
- Percutaneous Electrical Nerve Simulation (PENS)

- Transcutaneous Electrical Nerve Simulation (TENS)
- Interferential Therapy
- Paracetamol alone
- Anti-epileptic medication for pain which is not neuropathic
- Epidural Injections for neurogenic claudication in central spinal canal stenosis
- Spinal fusion
- Disc replacement

***Patients who are exempt from this policy:**
Patients with the following conditions are exempt from the criteria:

- Those who fulfil the criteria for medial branch blocks but are not suitable for radiofrequency due to co-morbidities eg frailty, implants, anticoagulation
- Post-traumatic facet joint arthritis
- Back pain due to spondylolysis/spondylolisthesis
- Adult scoliosis
- Congenital spinal disease
- Inflammatory causes of back pain eg ankylosing spondylitis
- Serious spinal pathology (eg neoplasms, infection, osteoporotic collapse)
- Neurological disorders (eg cauda equina syndrome, mononeuritis)
- Failed back surgery syndrome
- Sacroiliac dysfunction
- Pregnancy-related back pain

For exempt patients, the following are funded:

- A single set of lumbar facet joint injections with steroid
- Repeat steroid facet joint injections are funded if the patient achieves >50% reduction in pain for a period of at least 6 months, accompanied by a meaningful increase in activity or sleep.

3.0 Patients who are not eligible for treatment under this policy

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB's Individual funding request Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

4.0 Connected policies

Surgical treatment for non-specific back pain - Non-specific-back-pain.pdf (nhsglos.nhs.uk)

5.0 References

1. https://www.nice.org.uk/guidance/ng59,

2. Benyamin RM, Manchikanti L, Parr AT, Diwan S, Singh V, Falco FJ, et al. The effectiveness of lumbar interlaminar epidural injections in managing chronic low back and lower extremity pain. Pain Physician. 2012 Jul-Aug;15(4):E363-404.

3. Choi HJ, Hahn S, Kim CH, Jang BH, Park S, Lee SM, et al. Epidural steroid injection therapy for low back pain: a meta-analysis. Int J Technol Assess Health Care. 2013 Jul;29(3):244-53.

4. Cohen SP, Bicket MC, Jamison D, Wilkinson I, Rathmell JP. Epidural steroids: a comprehensive, evidence-based review. Reg Anesth Pain Med. 2013 May- Jun;38(3):175-200.

5. https://www.rcoa.ac.uk/document-store/core-standards-pain-management-services-the-uk

6 National Low Back and Radicular Pain Pathway 2017 (Greenough)