Aylesbury Vale Clinical Commissioning Group
Bracknell and Ascot Clinical Commissioning Group
Chiltern Clinical Commissioning Group
Newbury and District Clinical Commissioning Group
North and West Reading Clinical Commissioning Group
Oxfordshire Clinical Commissioning Group
South Reading Clinical Commissioning Group
Slough Clinical Commissioning Group
Windsor, Ascot and Maidenhead Clinical Commissioning Group
Wokingham Clinical Commissioning Group

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. 272 (TVPC52) **Management of low back pain and sciatica**

Recommendation made by the Priorities Committee: February 2017

Agreed by CCG 6th April 2017

Date of issue: **April 2017** (replaces 155b, 226b, 227b, 247b, 257)

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'[1]

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 including pharmacological pain management should have been tried and failed prior to accessing invasive interventions.

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:

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 join pain as a prerequisite for radiofrequency denervation.

- Radiofrequency denervation of sacroiliac joint pain is not normally funded.

Spinal decompression for sciatica
(laminectomy, foraminotomy, undercutting facetectomy and discectomy)

- Consider spinal decompression for people with sciatica when bothof 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/
- Oxfordshire CCG clinical polices can be viewed at http://www.oxfordshireccg.nhs.uk/professional-resources/priority-setting/lavender-statements