# Management of Low Back Pain and Sciatica in over 16's

## Criteria Based Access/Exceptional Funding Request

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssg.icb.nhs.uk /) or consider use of advice and guidance services where available.

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

**Section A - Medial Branch Block to Assess for Radiofrequency Denervation**
A single diagnostic medial branch block at a specific spinal level is commissioned for patients to assess whether they may benefit from Radiofrequency Denervation where:

1. Conservative management (including exercise +/- manual therapy +/- low intensity combined physical and psycho-social Programme) has failed.
   **AND**
2. The main source of pain is thought to be from structures supplied by the medial branch nerve.
   **AND**
3. The patient has 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/assessment.

NOTE - Radiofrequency Denervation is only commissioned for patients with chronic low back pain after a positive response to a diagnostic medial branch block.

**Section B - Epidural Injections and Nerve Root Blocks for Acute Radicular Pain**

A single therapeutic injection of local anaesthetic or Nerve Root Block (with steroid) at a specific spinal level is commissioned for patients with acute radicular pain (acute pain defined as less than six months) where:

1. The patient is unable to participate effectively in conservative pain management.
   **OR**
2. A specialist Pain, Trauma & Orthopaedic or MSK Interface Service clinician judges that a single injection is necessary and appropriate to enable participation in a conservative pain management programme.
   **OR**
3. For Chronic Radicular Pain (chronic pain defined as more than six months) a single Nerve Root Block injection is commissioned where there is diagnostic uncertainty, as a diagnostic measure or to enable participation in pain management.

Patients who have previously exhausted pain management therapies for their symptoms, or have chosen not to follow recommended pain management advice do not qualify for treatment under this policy. However, if a patient's condition has significantly changed or if there is new commitment and clear motivation for psychological therapies then a referral can be made if other criteria are met.

**Cont'd below**

**Section B Cont'd**

Repeat injections should not be routinely provided for a single episode as there is a lack of high-quality supporting evidence for long term pain relief and clinical advice suggests diminishing returns with increased risk of adverse events. Individuals may be considered for a repeat injection where there is a new, significant episode at a different spinal level. This is considered as further primary episode.

Single repeat injections (a/a) are commissioned for patients with an acute disc prolapse (less than 6 months) with severe intractable radicular pain where there is an expectation that conservative management will be effective following good response to initial injection.

Nerve root injections are not commissioned for neurological claudication symptoms.

**Section C - Criteria Based Access**
Policy restrictions do not apply on the limited occasions where surgery is being planned for the following conditions:

- Facet joint arthritis including Post traumatic facet joint arthritis
- Spondylolysis/spondylolisthesis
- Adult scoliosis/adult degenerative changes
- Post fusion adjacent level degenerative pathology

**Section D – Exceptional Funding Request Required**
The treatments and devices listed below are not routinely funded:

**Facet Joint Injections or sacroiliac injections**
Facet joint injections or sacroiliac injections, either for diagnostic or therapeutic purposes are not routinely commissioned – except for those conditions to which these policy restrictions do not apply (as listed in the above CBA section).
**Therapeutic, Multiple or Repeat Medial Branch Blocks**
Medial Branch Blocks are not commissioned for therapeutic purposes.

Multiple or repeat Medial Branch Blocks ahead of a repeat Radiofrequency Denervation within an 18-month period are not commissioned. NICE have stated that the evidence supporting this is unclear and no repeat Radio Frequency Denervation should be considered if the benefit is for less than 16 months.

**NICE Recommendations**
The treatments set out will not be routinely funded for people with low back pain (with or without sciatica), as recommended by NICE ( see - https://www.nice.org.uk/guidance/NG59/chapter/Recommendations#assessment-of-low-back-pain-and-sciatica)

**NOTE**
If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

## BRAN

For any health- related decision, it is important to consider "BRAN" which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- Do **N**othing

### Benefits

Treatment can reduce pain in effected areas, and address unpleasant sensation caused by the condition.

### Risks

The risks from a nerve root injection are normally quoted as, pain, headache patches of numbness or weakness. Permanent lasting nerve damage, bleeding into the epidural space, and epidural infection are considered very rare.

### Alternatives

Continue with conservative treatment, including medication and exercise.

### Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes "not yet" is a good enough answer until you gather more information.

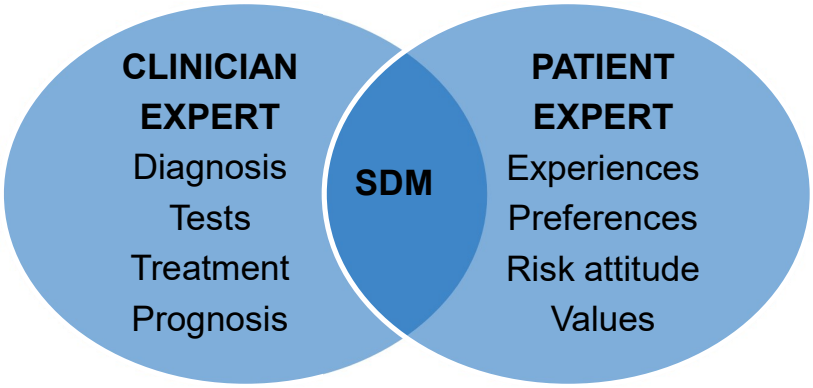
## Management of Low Back Pain and Sciatica in over 16's– Plain Language Summary

Sciatica is where the sciatic nerve, which runs from your lower back to your feet, is irritated or compressed. It usually gets better in 4 to 6 weeks but can last longer. Where pain is severe and treatments from a GP have not helped, individuals may be referred to a hospital specialist for: painkilling injections, a procedure to seal off some of the nerves in the patients back so the nerves stop sending pain signals, or an operation called decompression surgery can sometimes help relieve sciatica

## Shared Decision Making

If a person fulfils the criteria for this policy it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:




It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.
The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

## This policy has been developed with the aid of the following:

1. National Health Service (2022) Health A to Z: Back pain [online] www.nhs.uk/conditions
2. National Health Service (2024) Health A to Z: Slipped disc [online] www.nhs.uk/conditions
3. National Health Service (2020) Health A to Z: Sciatica [online] www.nhs.uk/conditions
4. National Health Service (2023) Health A to Z: Ankylosing spondylitis [online] www.nhs.uk/conditions
5. National Health Service (2023) Health A to Z: Spondylolisthesis [online] www.nhs.uk/conditions
6. NICE (2023) Sciatica (lumbar radiculopathy) (CKS) www.nice.org.uk
7. NICE (2023) Back pain - low (without radiculopathy) (CKS) www.nice.org.uk

## Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICB is responsible, including policy development and review.

# Document Control

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## Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

| Policy Category | Approval By |
|---|---|
| Level 1 | Commissioning Policy Review Group. |
| Level 2 | Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair |
| Level 3 | ICB Board |

## OPCS Procedure codes

Must have any of (primary only):

## Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on BNSSG.customerservice@nhs.net.