

CLINICAL POLICY ADVISORY GROUP (CPAG)

Epidurals for Acute and Severe Sciatica (Lumbar Radiculopathy) Policy

Statement

Derby and Derbyshire CCG, in line with its principles for procedures of limited clinical value has deemed epidurals (local anaesthetic and/or steroid) for acute and severe sciatica should not routinely be commissioned.

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the CCG.

1. Background

Sciatica is the term used for symptoms of pain, tingling, and numbness that arise from nerve root compression or irritation in the lumbosacral spine. Nerve root compression is most often caused by a herniated intervertebral disc (90% of cases) but can also be caused by spondylolisthesis or spinal stenosis. The symptoms of sciatica extend below the knee from the buttocks, across the back of the thigh, to the outer calf, and can extend further to the foot and toes.

Physically strenuous activity and whole body vibration are risk factors associated with the development of sciatica. The sciatica symptoms usually start to improve within 4 to 6 weeks but may take longer for some.

2. Recommendation

Local anaesthetic and/or steroid epidural injections should not be offered for the treatment of severe and acute* sciatica.

*Acute refers to sciatica symptoms that have lasted 3 months or less.

3. Rationale for Recommendation

Sciatic symptoms usually improve over the course of a few months in the majority of people without treatment. Where there is little to no improvement in sciatic symptoms, alternative and less invasive options have been shown to work such as exercise programmes, behavioural therapy and attending a specialised pain clinic. Alternative options are suggested in line with the National Back Pain Pathway. For further information, please see: <https://www.nice.org.uk/guidance/ng59>.

NICE Clinical Guideline [CG59] states 'Consider epidural injections of local anaesthetic and steroid in people with acute and severe sciatica'. NICE have clarified that the word 'consider' when used in recommendations is based on there being limited evidence supporting the recommendation.

4. Useful Resources

- NICE Guideline [NG59] Low back pain and sciatica in over 16s: assessment and management, published November 2016: <https://www.nice.org.uk/guidance/ng59>
- NICE Clinical Knowledge Summaries Sciatica: <https://cks.nice.org.uk/sciatica-lumbar-radiculopathy#!topicSummary>.

5. References

- NICE Guideline [NG59] Low back pain and sciatica in over 16s: assessment and management, published November 2016, accessed 29/01/2020: <https://www.nice.org.uk/guidance/ng59>
- NICE Clinical Knowledge Summaries Sciatica, last revised in March 2018, accessed 29/01/2020: <https://cks.nice.org.uk/sciatica-lumbar-radiculopathy#!topicSummary>

6. Appendices

Appendix 1- Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

Consultee	Date
Consultant in anaesthesia and pain medicine Clinical Director Integrated surgery	October 2019
Orthopaedic Consultant (UHDB)	December 2019
Consultant Trauma, Orthopaedic and Spine Surgeon (UHDB)	December 2019
Orthopaedic Consultant (CRH)	January 2020
Clinical Policy Advisory Group	February 2020
Clinical and Lay Commissioning Committee	March 2020

Appendix 2- Document Update

Document Update	Date Updated
Version 1 – policy produced The commissioning statement has been taken from the Derby and Derbyshire Injections for Nonspecific Low Back Pain without Sciatica Including Spinal Fusion for Low Back Pain Policy (produced November 2014 and reviewed/ratified April 2019).	February 2020