

CLINICAL POLICY ADVISORY GROUP (CPAG)

Injections for Nonspecific Low Back Pain without Sciatica Including Spinal Fusion for Low Back Pain Policy

Statement

Derby and Derbyshire CCG (DDCCG) has deemed spinal injections for non-specific low back pain without sciatica should no longer be commissioned.

Spinal fusions for lower back pain will not routinely be commissioned.

This Policy applies to patients aged 16 years and over.

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

1. Description of the Intervention

NICE recommends that spinal injections should not be offered for non-specific low back pain. Alternative options like pain management and physiotherapy have been shown to be effective.

2. Summary of Intervention

Spinal injections of local anaesthetic and steroid in people with non-specific low back pain without sciatica.

3. Recommendation

Spinal injections of local anaesthetic and steroid should not be offered for patients with non-specific low back pain.

For people with non-specific low back pain the following injections should not be offered:

- Facet joint injections

- Therapeutic medial branch blocks
- Intradiscal therapy
- Prolotherapy
- Trigger point injections with any agent, including botulinum toxin
- Epidural steroid injections for chronic low back pain or for neurogenic claudication in patients with central spinal canal stenosis
- Any other spinal injections not specifically covered above.

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>

4. Rationale for Recommendation

NICE guidelines recommend that spinal injections should not be offered for non-specific low back pain.

Not covered are conditions with a select and uniform pathology of a mechanical nature such as spondylolisthesis, scoliosis, vertebral fracture or congenital disease. Other agreed exclusions by the GDG include pregnancy-related back pain, sacroiliac joint dysfunction, adjacent-segment disease, failed back surgery syndrome and spondylolisthesis.

NICE recommends the following approach for non-surgical invasive treatments for low back pain and sciatica in over 16s:

Spinal injections

1.3.1 Do not offer spinal injections for managing non-specific low back pain.

5. References

Adopted from NHSE Evidence-Based Intervention: Guidance for CCGs cited as:

1. NICE guidance: <https://www.nice.org.uk/guidance/ng59>,
2. United Kingdom Spine Societies Board: <https://www.ukssb.com/improvingspinal-care-project>
3. 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 JulAug;15(4):E363-404.
4. 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.

5. 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.
6. Royal College of Anaesthetists: <https://www.rcoa.ac.uk/documentstore/core-standards-pain-management-services-the-uk>

6. OPCS Code(s)

A521, A522, A523, A528, A529, V221, V222, V223, V224, V225, V226, V227, V228, V229, V231, V241, V251, V253, V261, V333, V335, V336, V337, V371, V372, V373, V374, V375, V376, V377, V378, V379, V381, V382, V383, V384, V385, V386, V387, V388, V389, V391, V392, V393, V394, V395, V396, V397, V398, V399

7. Appendices

Appendix 1- Consultation

Consultee	Date
Update based on Evidence-Based Intervention: Guidance for CCGs	11 Jan 2019
Public Health Input – Consultant in Public Health	April 2019
Clinical Policy Advisory Group	April 2019
Orthopaedic Consultant, UHDB	December 2019
Consultant Trauma, Orthopaedic and Spine Surgeon, UHDB	December 2019
Orthopaedic Consultant, CRHFT	December 2019
Clinical Policy Advisory Group –review whether sacroiliac joint dysfunction injections should be an exception to the policy	December 2019
Clinical Policy Advisory Group	February 2020
Clinical and Lay Commissioning Committee	March 2020

Appendix 2- Document Update

Document Update	Date Updated
Policy first produced – version 1	November 2014

Policy updated – version 2	April 2019
Policy updated (addition of 'This policy is subject to a prior approval' as requested by contracting) – version 2.1	September 2019
Policy updated (removal of 'This policy is subject to a prior approval' and addition of 'This procedure requires prior approval. Prior approval must be sought through Blueteq.' as requested by contracting) – version 2.2	November 2019
Policy updated removal of Radiofrequency Denervation and Epidural related information; Clarification that injections for sacroiliac joint dysfunction is an exception to the policy; – version 3	February 2020
Removed 'Spinal fusion: DDCCG will not routinely fund spinal fusion for low back pain' statement – version 3.1	June 2020