

CLINICAL POLICY ADVISORY GROUP (CPAG)

Injections for Non-specific Low Back Pain without Sciatica Policy

Statement

Derby and Derbyshire ICB, in line with its principles for procedures of limited clinical value has deemed that **Injections for Non-specific Low Back Pain without Sciatica** should not routinely be commissioned.

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

1. Background

About 8 in 10 people have one or more bouts of low back pain. Non-specific low back pain is the most common type of back pain. The lower back is commonly defined as the area between the bottom of the rib cage and the buttock creases.

About 19 in 20 cases of sudden-onset (acute) low back pain are classed as non-specific. Non-specific low back pain is tension, soreness and/or stiffness in the lower back region for which it is not possible to identify a specific cause of the pain.

Lower back pain can be managed conservatively – options include painkillers and physiotherapy.

This policy may be read in conjunction with other DDICB Policies and Position Statements which can be found at:

- <http://www.derbyshiremedicinesmanagement.nhs.uk/clinical-policies-home/clinical-policies/orthopedics>

2. 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 e.g. exercise programmes, behavioural therapy, and attending a specialised pain clinic. Alternative options are suggested in line with the National Back Pain Pathway.

3. Rationale for Recommendation

NICE NG59 recommends that spinal injections should not be offered for non-specific low back pain and sciatica in over 16s – [this guideline includes comments on non-sciatica management](#). Alternative options like pain management and physiotherapy have been shown to be effective.

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.

For further information, please see [NICE Guidance NG59](#)

4. Useful Resources

- NHS Website: Back pain. <https://www.nhs.uk/conditions/back-pain/>

5. References

- NICE Guidance NG59. Low back pain and sciatica in over 16s: assessment and management. <https://www.nice.org.uk/guidance/ng59>
- Academy of Medical Royal Colleges. Injections for Non-specific Low Back Pain without Sciatica <https://www.aomrc.org.uk/ebi/clinicians/injections-for-nonspecific-low-back-pain-without-sciatica/>
- UK Spine Societies Board. <https://www.ukssb.com/improving-spinal-care-project>

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 Anaesthetist, CRHFT	July 2022
Consultant T&O Surgeon, UHDBFT	July 2022
Consultant T&O Surgeon, CRHFT	July 2022
MSK Clinical Lead, DCHSFT	July 2022
Clinical Policy Advisory Group (CPAG)	September 2022
Population Health and Strategic Commissioning Committee (PHSCC)	October 2022

Appendix 2 - Document Update

Document Update	Date Updated
<u>Version 4.0</u> Policy has updated. This includes the addition of background information, useful resources, references and consultation	September 2022