

CLINICAL POLICY ADVISORY GROUP (CPAG)

Spinal Decompression for Sciatica Policy

Statement

Derby and Derbyshire ICB (DDICB) has deemed that spinal decompression is not routinely commissioned for patients with sciatica, unless criteria 1 **AND** 2 are met:

1. Non-surgical treatment has not improved pain or function

AND

2. Radiological findings are consistent with sciatic symptoms.

Exception

Lumbar discectomy is a type of spinal decompression intervention that is an exception to the DDICB Spinal Decompression for Sciatica Policy as it requires the additional time frame criteria of symptoms lasting three months (except in severe cases). Therefore, lumbar discectomy is not routinely commissioned for patients with sciatica, unless criteria 1, 2 and 3 are **ALL** met:

1. Non-surgical treatment has not improved pain or function

AND

2. Radiological findings are consistent with sciatic symptoms

AND

3. Symptoms have lasted for 3 months or longer (except in severe cases)

This policy applies to patients aged 16 years and over.

This commissioning statement is aligned with the [Evidence-Based Interventions List 2 Guidance](#).

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

1. Background

Spinal decompression surgery is a type of surgery used to treat compressed nerves in the lower (lumbar) spine while maintaining as much of the strength and flexibility of the spine as possible. Spinal decompression surgery is only recommended when non-surgical treatments haven't helped.

Depending on the specific reason for having surgery, a number of different types of spinal decompression procedures may need to be carried out during the operation to treat the compressed nerves.

Examples of the main procedures used include:

- laminectomy – where a section of bone is removed from one of your vertebrae (spinal bones) to relieve pressure on the affected nerve
- discectomy – where a section of a damaged disc is removed

2. Recommendation

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AND
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AND
2. Radiological findings are consistent with sciatic symptoms
AND
3. Symptoms have lasted for 3 months or longer (except in severe cases)

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Exceptional Circumstances

DDICB will consider individual cases for funding outside this commissioning statement in accordance with their [Individual Funding Request \(IFR\) Policy](#) which sets out a decision-making framework for determining these cases.

For an IFR request to be considered, it must be demonstrated that the patient fulfils the strict criteria for exceptionality. It should be noted that the criteria for exceptionality is very unlikely

to be satisfied if an individual is part of an identifiable cohort of patients, who at the same disease stage would derive similar benefit from the intervention.

3. Rationale for Recommendation

There remains a reasonable body of evidence to show that in carefully selected patients, lumbar discectomy may lead to a greater and quicker improvement in pain scores than in non-operatively treated patients.

In other studies however, because of the irreversible degenerative changes, surgery has not shown a benefit over non-operative treatment in mid and long-term follow-up.

Lengthy periods of ineffective non-operative care may prompt repeated emergency department attendances, issues with chronic pain, significant neurological dysfunction and time off work.

4. Useful Resources

- Lumbar decompression surgery, NHS, last reviewed 21/07/18, accessed 09/06/21, <https://www.nhs.uk/conditions/lumbar-decompression-surgery/>

5. References

- NICE Guidance [NG59], Low back pain and sciatica in over 16s: assessment and management, November 2016, accessed 31/12/19, <https://www.nice.org.uk/guidance/ng59>
- Evidence-Based Interventions - List 2 Guidance, Academy of Medical Colleges, November 2020, accessed 09/06/21, https://www.aomrc.org.uk/wp-content/uploads/2020/12/EBI_list2_guidance_150321.pdf
- Lumbar decompression surgery, NHS, last reviewed 21/07/18, accessed 09/06/21, <https://www.nhs.uk/conditions/lumbar-decompression-surgery/>

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 Trauma, Orthopaedic & Spinal Surgeon, UHDBFT	May 2021
Clinical Policy Advisory Group (CPAG)	June 2021
Clinical Lay Commissioning Committee (CLCC)	July 2021
Consultant Spine Surgeon, UHDBFT	November 2023
Consultant Trauma & Orthopaedic Surgeon, UHDBFT	November 2023
Clinical Policy Advisory Group (CPAG)	November 2023

Appendix 2 - Document Update

Document Update	Date Updated
<u>Version 2.0</u> <ul style="list-style-type: none">Derby and Derbyshire CCG Position Statement for Spinal Decompression reformatted into a clinical policy format.Addition of the intervention lumbar discectomy to the policy under the new 'Exception' section of the policy	June 2021
<u>Version 2.1</u> <ul style="list-style-type: none">CPAG agreed to extend the review date of this policy by 12 months due to reduced capacity within the Clinical Policies team	November 2023
<u>Version 2.2</u> <ul style="list-style-type: none">In line with risk profile, CPAG agreed further extension to review date	September 2024