Buckinghamshire, Oxfordshire & Berkshire West
Integrated Care Board

BOB ICB and Frimley ICB Priorities Committee Clinical Commissioning Policy Statement

Policy Number/ Name	BOBFPC52 Management of Low Back Pain and Sciatica
Date of BOB ICB Adoption	February 2024

This policy covers the management of low back pain and sciatica in adults over the age of 16 years. This policy is in line with NICE guideline NG59 (2016) 'Low back pain and sciatica in over 16s: assessment and management'1

NICE guidance specifies that the term 'low back pain' is used to include any non-specific low back pain which is not due to cancer, fracture, infection, or an inflammatory disease process. Sciatica is pain caused by irritation or compression of the sciatic nerve.

All recommended conservative treatments should have been tried and failed prior to accessing invasive interventions.

Think about alternative diagnoses when examining or reviewing people with low back pain, particularly if they develop new or changed symptoms. Patients presenting with red flags such as cauda equina syndrome, unwell/fever/night sweats, immunosuppression, history of cancer or acute trauma should be referred via an emergency pathway.

Non-invasive interventions:

Acupuncture

- Acupuncture for managing low back pain with or without sciatica is not normally funded.

Manual therapy

- Consider manual therapy (spinal manipulation, mobilisation or soft tissue techniques such as massage) for managing low back pain with or without sciatica, but only as part of a treatment package including exercise, with or without psychological therapy and only as part of NHS back pain management services.

Exercise and psychological therapies

- Consider a supervised exercise programme alone, or in combination with a psychological programme using a cognitive behavioural approach for people with a specific episode or flare-up of low back pain with or without sciatica.

[1] https://www.nice.org.uk/guidance/ng59

Injection therapy:

Spinal injections:

- Spinal injections for managing low back pain are not normally funded. These include: facet joint injections, therapeutic medial branch blocks, intradiscal injections, prolotherapy (also known as proliferation therapy or regenerative injection therapy) and trigger point Injections.

Epidural injections:

- Consider epidural injections of local anaesthetic and steroid in people with acute and severe sciatica.

- Epidural injections for neurogenic claudication in people who have central spinal canal stenosis are not normally funded.

    - The epidural space lies within the spinal canal, outside the dura mater, and contains the spinal nerve roots, fat, connective tissue and blood vessels. An epidural injection is an injection of a therapeutic substance into this canal. Administration may involve a caudal injection at the base of the spine, in the midline between the vertebral laminae (interlaminar epidural) or laterally, through the intervertebral foramen (transforaminal epidural, nerve root injection, dorsal root ganglion injection).

Radiofrequency denervation for chronic low back pain:

- Consider referral for assessment for radiofrequency denervation for people with chronic low back pain when all three of the following criteria are met:

    - non-surgical treatment has not worked for them and
    - the main source of pain is thought to come from structures supplied by the medial branch nerve and
    - they have 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.

- Only perform radiofrequency denervation in people with chronic low back pain after a positive response to a diagnostic medial branch block.

- Do not offer imaging for people with low back pain with specific facet joint pain as a prerequisite for radiofrequency denervation.

- Radiofrequency denervation of sacroiliac joint pain is not normally funded.

Spinal decompression for sciatica
(laminectomy, foraminotomy, undercutting facetectomy and discectomy)

- Early referral is recommended for those with incapacitating radicular pain or major motor radiculopathy.

- Consider spinal decompression for people with sciatica when both of the following criteria are met:

- non-surgical treatment has not improved pain or function despite three months of non-surgical management and
- their radiological findings are consistent with sciatic symptoms

Spinal fusion

- Spinal fusion for people with low back pain is not normally funded.

Disc replacement surgery

- Disc replacement surgery for person with low back pain with or without sciatica is not normally funded.

OPCS Codes

Acupuncture and manual therapy
A70.5 Electroacupuncture
A70.6 Acupuncture NEC
X611Complementary therapy, functional therapy session
Osteopathy and chiropractic – any of the following
X61.4 movement therapy NEC
X61.8 Other specified complementary therapy
X61.9 Unspecified complementary therapy

Epidural Injection (Sacral or Interlaminar)
Primary OPCS:
A52.1: Therapeutic lumbar epidural injection
A52.2: Therapeutic sacral epidural injection
Secondary OPCS:
N/A

Epidural/Nerve Root Injection
Primary OPCS:
A57.7: Injection of therapeutic substance around spinal nerve root
A73.5: Injection of therapeutic substance around peripheral nerve
Secondary OPCS:
Z07.3: Spinal nerve root of lumbar spine (included after Primary OPCS A57.7)
Z07.8: Specified spinal nerve root NEC (included after Primary OPCS A57.7)
Z10: Lumber Plexus (included after Primary OPCS A73.5)
Z11: Sacral Plexus (included after Primary OPCS A73.5)

Facet Joint Injection/ Medial Branch Block
Primary OPCS:
V54.4: Injection around spinal facet of spine
Secondary OPCS: (either will be included after Primary OPCS)
Z67.5: Lumbar intervertebral joint
Z67.6: Lumbosacral joint

Radiofrequency Denervation (Lumber Facet Joint)
Primary OPCS:
V48.5: Radiofrequency controlled thermal denervation of spinal facet joint of lumbar vertebra
Secondary OPCS:
N/A

Lumber Spinal Fusion (Posterior)
Primary OPCS:

V38.2: Primary posterior interlaminar fusion of joint of lumbar spine
V38.3: Primary posterior fusion of joint of lumbar spine NEC
V38.4: Primary intertransverse fusion of joint of lumbar spine NEC
V38.5: Primary posterior interbody fusion of joint of lumbar spine
V38.6: Primary transforaminal interbody fusion of joint of lumbar spine
V38.8: Other specified primary fusion of other joint of spine
V25.1: Primary extended decompression of lumbar spine and intertransverse fusion of joint of lumbar spine
V25.3: Primary posterior decompression of lumbar spine and intertransverse fusion of joint of lumbar spine
V41.1: Posterior attachment of correctional instrument to spine
V41.8: Other specified instrumental correction of deformity of spine
Secondary OPCS: (either will be included after Primary OPCS V38.8)
Z67.5: Lumbar intervertebral joint
Z67.6: Lumbosacral joint

Revision Lumber Fusion

Spinal decompression
V25 Primary decompression operations on lumbar spine
V251Primary extended decompression of lumbar spine and intertransverse fusion of joint of lumbar spine
V252 Primary extended decompression of lumbar spine NEC
V253 Primary posterior decompression of lumbar spine and intertransverse fusion of joint of lumbar spine
V254 Primary posterior laminectomy decompression of lumbar spine
V255 Primary posterior decompression of lumbar spine NEC
V256 Primary lateral foraminotomy of lumbar spine
V257 Primary anterior corpectomy of lumbar spine and reconstruction HFQ
V258 Other specified primary decompression operations on lumbar spine
V259 Unspecified primary decompression operations on lumbar spine
V67 Other primary decompression operations on lumbar spine
V671 Primary posterior lumbar medial facetectomy
V672 Primary hemilaminectomy decompression of lumbar spine
V678 Other specified other primary decompression operations on lumbar spine
V679 Unspecified other primary decompression operations on lumbar spine
V33 Primary excision of lumbar intervertebral disc
V331 Primary laminectomy excision of lumbar intervertebral disc
V332 Primary fenestration excision of lumbar intervertebral disc
V333 Primary anterior excision of lumbar intervertebral disc and interbody fusion of joint of lumbar spine
V334 Primary anterior excision of lumbar intervertebral disc NEC
V335 Primary anterior excision of lumbar intervertebral disc and posterior graft fusion of joint of lumbar spine
V336 Primary anterior excision of lumbar intervertebral disc and posterior instrumentation of lumbar spine
V337 Primary microdiscectomy of lumbar intervertebral disc
V338 Other specified primary excision of lumbar intervertebral disc
V339 Unspecified primary excision of lumbar intervertebral disc

Prosthetic replacement of lumbar intervertebral disc
V363 Prosthetic replacement of lumbar intervertebral disc

NOTES:

- Potentially exceptional circumstances may be considered by a patient's ICB where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy was developed and recommended by Thames Valley Priorities Committee which was the predecessor of Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g. from NICE.
- BOBFPC clinical policies can be viewed at Clinical Commissioning Policy Statements & IFRs | BOB ICB

Version	Date	Reason for change
Version 1	February 2017	
Version 2	March 2019	3 yearly update
Version 3	May 2022	Updated to include recommendations for exercise and psychological programme and review the Evidence Based Interventions guidelines.