

Policy title	Back pain: Non-specific low back pain <ul style="list-style-type: none"> • Injections for non-specific low back pain without sciatica • Radiofrequency denervation • Spinal fusion v2.1
Policy position	Radiofrequency denervation - Criteria Based Access Spinal injections - Intervention Not Normally Funded Spinal fusion - Intervention Not Normally Funded
Date of CCG recommendation	October 2020, updated January 2021¹.

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.

Non-specific low back pain, also known as mechanical axial pain, is common, often multifactorial and amenable to multimodal non-operative treatment e.g. lifestyle modifications, weight loss, analgesia, manual therapy, exercise.

Low back pain imaging (EBI 2020)

Do not routinely offer imaging in a non-specialist setting for people with low back pain with or without sciatica (pain caused by irritation or compression of the sciatic nerve) in the absence of red flags, or suspected serious underlying pathology following medical history and examination.

Imaging in low back pain should be offered if serious underlying pathology is suspected. Serious underlying pathology includes but is not limited to: cancer, infection, trauma, spinal cord injury (full or partial loss of sensation and/or movement of part(s) of the body) or inflammatory disease.

Spinal injections

NICE recommends that spinal injections should not be offered for non-specific low back pain. Spinal injections of local anaesthetic and steroid are **not normally funded** and should not be offered to patients with non-specific low back pain. This includes:

- 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

Radiofrequency denervation

Consider referral for assessment for radiofrequency denervation (to destroy the nerves that supply the painful facet joint in the spine) for people with chronic low back pain (present for ≥ 12 months) when **all three** of the following criteria are met:

- failure of non-surgical treatment **and**
- the main source of pain is thought to come from structures supplied by the medial branch nerve **and**
- pain is 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 medical branch block.

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

Repeat denervation at the same site will be considered on an individual basis through the Individual Funding Process, only where there has been clear evidence of benefit over a 12 month period and where the clinician feels that repeating treatment is likely to be of benefit to the patient.

Spinal fusion (EBI 2020)

Spinal fusion is when two individual spinal vertebrae become joined together by bone formed as a result of surgery. The aim of the surgery is to stop motion at that joint in order to stabilise the joint.

Spinal fusion is **not recommended** for patients with non-specific, mechanical back pain.

This policy is based on:

1. NHS England Evidence-Based Interventions (EBI): Guidance for CCGs (2020),
2. NHS England Evidence-Based Interventions (EBI): Guidance for CCGs (2019),
3. Spinal Services GIRFT Programme (2019) National Specialty Report,
4. NHS England (2017) National Low Back and Radicular Pain Pathway and
5. NICE guideline NG59 (November 2016, updated 2020) Low back pain and

NOTE:

- This policy will be reviewed in the light of new evidence or new national guidance e.g. from NICE
- Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process

Clinical coding:

Procedure and diagnostic codes as per EBI1 Back pain injections:

when left(der.Spell_Dominant_Procedure,4) in

('A521','A522','A528','A529','A577','A735','V363','V368','V369','V382','V383','V384','V385','V386','V388','V389','V544','W903') and left(der.spell_primary_diagnosis,4) in

('G834','G551','M518','M519','M545','M549') and apcs.der_procedure_all like '%Z67[67]%' then
'D_low_back_pain_inj'

Back pain

M54.5 Low back pain

M54.9 Dorsalgia, unspecified

Procedure and diagnostic codes as per EBI2 RFD:

M518: Other specified intervertebral disc disorders

M519: Intervertebral disc disorder, unspecified

M545: Low back pain

M459: Ankylosing spondylitis of unspecified sites in spine

V481: Radiofrequency controlled thermal denervation of spinal facet joint of cervical vertebra

V483: Radiofrequency controlled thermal denervation of spinal facet joint of thoracic vertebra

V485: Radiofrequency controlled thermal denervation of spinal facet joint of lumbar vertebra

V487: Radiofrequency controlled thermal denervation of spinal facet joint of vertebra NEC

Z674: Thoracic intervertebral joint

Z675: Lumbar intervertebral joint

Z676: Lumbosacral joint

Z677: Sacrococcygeal joint

Z993: Intervertebral disc of lumbar spine

Fusion surgery for mechanical axial low back pain

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

V40.4 Posterior instrumented fusion of lumbar spine NEC

Key words: Low back pain, non-specific, axial, mechanical, injection, radiofrequency denervation, rhizolysis, fusion

Appendix 1: The Back Pain Pathway Flowchart (the National Low Back and Radicular Pain Pathway 2017)

