

Policy title	Back pain: Non-specific low back pain v3.0 <ul style="list-style-type: none"> • Injections for non-specific low back pain without sciatica • Radiofrequency denervation • Spinal fusion
Policy position	Criteria Based Access: <ul style="list-style-type: none"> • Radiofrequency denervation Intervention Not Normally Funded: <ul style="list-style-type: none"> • Spinal injections • Spinal fusion
Date of ICB recommendation	January 2021, Updated June 2024

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 with conservative management) when **all three** of the following criteria are met:

- failure of non-invasive 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 medial 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

Consider referral for assessment for repeat radiofrequency denervation only after relapse if there is a patient reported outcome measure demonstrating significant improvement in pain relief and function at 12 months post initial denervation procedure.

For patients who are living with overweight or obesity and/or are active smokers:

Primary care and community services should refer patients for weight loss and smoking cessation support at the earliest opportunity and in any case at the same time as referral to secondary care.

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 sciatica in over 16s: assessment and management

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:

[EBI coding for Low back pain imaging](#) (December 2023)

Low back pain imaging is included in the [national EBI programme](#). Coding to monitor activity is as provided and updated by that programme.

Please note global cancer exclusion
Age >=19 years

[EBI1 coding for Injections for non-specific low back pain without sciatica](#) – (updated coding from December 2023):

Injections for non-specific low back pain without sciatica are included in the [national EBI programme](#). Coding to monitor activity is as provided and updated by that programme. Coding for potential procedures and diagnoses will also be monitored.

Please note global cancer exclusion and exclusion of emergency admissions.

[EBI Coding for Lumbar radiofrequency facet joint denervation](#) (December 2023)

Lumbar radiofrequency facet joint denervation is included in the [national EBI programme](#). Coding to monitor activity is as provided and updated by that programme. Coding for potential procedures and diagnoses will also be monitored.

Please note global cancer exclusion and exclusion of emergency admissions.
Age >=19

[EBI Coding for Fusion surgery for mechanical axial low back pain](#) (December 2023)

Fusion surgery for mechanical axial low back pain is included in the [national EBI programme](#). Coding to monitor activity is as provided and updated by that programme. Coding for potential procedures and diagnoses will also be monitored.

Please note global cancer exclusion, list of excluded diagnoses and exclusion of emergency admissions in the EBI codes.
Age >=19

Policy update record	
October 2020 BHPF v1.0	Legacy Priorities Committee policy.
January 2021 Collaborative Clinical Commissioning Forum v2.0	Alignment and adoption of updated policy for the CCG.
June 2024 BLMK ICB QP meeting v3.0	Clarify the criteria for repeat procedures for radiofrequency denervation, change to CBA position and move away from using the Individual Funding Request (IFR) process for repeat procedures. Wording amended to signpost to national EBI programme website and coding.

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

