NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Policy title	Back pain: Sciatica (radicular low back pain) • Epidural injections • Lumbar discectomy v1.1
Policy position	**Criteria Based Access**
Date of CCG recommendation	**January 2021**

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 or radicular pain is low-back pain caused by irritation or compression of the sciatic nerve. The symptoms of sciatica can include pain, tingling, pins and needles, numbness, weakness, and rarely bowel and bladder problems. As more often than not, the symptoms will settle naturally, non-operative treatment is the preferred initial option. Patients presenting with radiculopathy who show objective evidence of clinical improvement within 6 weeks (e.g. VAS pain scores, ODI), are more likely than not to continue improving with non-operative treatment as the natural history of most intervertebral disc herniations is favourable.

Please note: This guideline is not intended to cover patients who demonstrate deterioration in neurological function (e.g. objective weakness, sexual dysfunction, cauda equina syndrome). These patients require an urgent referral to an acute spinal centre for further evaluation and imaging, as nonoperative treatment may lead to irreversible harm.

Primary and community care (EBI 2020)

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

Consider a combined physical and psychological programme for management of sub-acute and chronic low back pain (greater than 3 to 6 months duration) e.g. Back Skills Training (BeST). Consider referral to a specialist centre for further assessment and management if required. Imaging within specialist centres is indicated only if the result will change management.

NICE guidelines recommend using a risk assessment and stratification tool, (e.g. STaRT Back), and following a pathway such as the National Back and Radicular Pain Pathway, to inform shared decision making and create a management plan.

Epidural / nerve root injections

Consider epidural injections of local anaesthetic and steroid in people with acute and severe sciatica. This includes: interlaminar, transforaminal and caudal epidurals and nerve root injections.

Epidural or nerve root injections are supported in people with acute and severe sciatica when **all** of the following criteria have been met:

- The patient is 16 years or older.
- The patient has radicular pain consistent with the level of spinal involvement.
- The pain is having a significant impact upon the patient's activities of daily living.
- The pain has persisted despite non-invasive management.

Epidural injections for neurogenic claudication in people who have central spinal canal stenosis **is not normally funded** (Epidural for lateral canal stenosis is funded).

Repeat epidural / nerve root injections:
Repeat epidural or nerve root injections are funded when the eligibility criteria above have been met and 6 months of pain relief and functional improvement have been achieved since the previous injection.

The ICB will fund a total of 2 injections (epidural and nerve root injections are counted as one injection each). In the event that more than 2 injections are required, the clinician will need to demonstrate grounds for exceptionality (e.g. patients with symptoms impacting on their activities of daily living who are too high risk to be considered for surgery). In order for further injections to be considered there should be evidence of engagement with physiotherapy, an exercise programme and, if BMI ≥ 30, weight management programme.

Lumbar Discectomy (EBI 2020)

A discectomy is the surgical removal of intervertebral disc material to treat the symptoms resulting from compression of one or more spinal nerve roots.

In the presence of concordant MRI changes, discectomy may be offered to patients with compressive nerve root signs and symptoms lasting 3 months (except in severe cases) despite best efforts with non-operative management.

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:

M51.0 Lumbar and other intervertebral disc disorders with myelopathy
M51.1 Lumbar and other intervertebral disc disorders with radiculopathy
M54.1 Radiculopathy
M54.3 Sciatica
M54.4 Lumbago with sciatica

V33.1 Primary laminectomy excision of lumbar intervertebral disc
V33.2 Primary fenestration excision of lumbar intervertebral disc
V33.3 Primary anterior excision of lumbar intervertebral disc
and interbody fusion of joint of lumbar spine
V33.4 Primary anterior excision of lumbar intervertebral disc NEC
V33.5 Primary anterior excision of lumbar intervertebral disc and posterior graft fusion of joint of lumbar spine
V33.6 Primary anterior excision of lumbar intervertebral disc and posterior instrumentation of lumbar spine
V33.7 Primary microdiscectomy of lumbar intervertebral disc
V33.8 Other specified excision of unspecified intervertebral disc
V33.9 Unspecified excision of unspecified intervertebral disc
V35.1 Primary excision of intervertebral disc NEC
V35.8 Other specified excision of unspecified intervertebral disc
V35.9 Unspecified excision of unspecified intervertebral disc
V51.1 Primary direct lateral excision of lumbar intervertebral disc and interbody fusion of joint of lumbar spine
V51.8 Other specified other primary excision of lumbar intervertebral disc
V51.9 Unspecified other primary excision of lumbar intervertebral disc
V52.1 Enzyme destruction of intervertebral disc
V52.2 Destruction of intervertebral disc NEC
V52.5 Aspiration of intervertebral disc NEC
V52.8 Other specified other operations on intervertebral disc
V52.9 Unspecified other operations on intervertebral disc
V58.3 Primary automated percutaneous mechanical excision of lumbar intervertebral disc
V58.8 Other specified
V58.9 Unspecified
V60.3 Primary percutaneous decompression using coblation to lumbar intervertebral disc
V60.8 Other specified primary percutaneous decompression using coblation to intervertebral disc
V60.9 Unspecified primary percutaneous decompression using coblation to intervertebral disc
V55.1 One level of spine
V55.2 Two levels of spine
V55.3 Greater than two levels of spine
V55.8 Other specified levels of spine
V55.9 Unspecified levels of spine

Key words: Back pain, sciatica, radicular pain, radiculopathy, epidural, discectomy

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