NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Policy title	**Back pain: Sciatica (radicular low back pain) v3.0** • **Epidural injections** • **Lumbar discectomy**
Policy position	**Criteria Based Access**
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.

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 (visual analog scale) pain scores, ODI (Oswestry Disability Index)], 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:

If an epidural / nerve root injection does not provide prolonged pain relief then surgery is often an effective alternative option.

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 **and** there is lack of suitability of alternative treatments e.g.

- Patient is unfit for surgery/poorly defined surgical target
- Patient is unable to tolerate neuropathic pain medications – especially elderly.

There should be evidence of engagement with physiotherapy, and exercise programme.

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.

Any other spinal injections for radicular low back pain are **not normally funded.**

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:

Spinal Injections

Age range ≥ 16 years.

ICD 10 Diagnosis Codes – primary position:
M48.0 Spinal stenosis
M51.0 Lumbar and other intervertebral disc disorders with myelopathy
M51.1 Lumbar and other intervertebral disc disorders with radiculopathy
M54.16 Radiculopathy lumbar region
M54.17 Radiculopathy lumbosacral region
M54.18 Radiculopathy sacral and sacrococcygeal region
M54.3 Sciatica
M54.4 Lumbago with sciatica

OPCS Procedure Codes - dominant position:
A52.1 Therapeutic lumbar epidural injection
A52.2 Therapeutic sacral epidural injection
A52.8 Other specified therapeutic epidural injection
A52.9 Unspecified therapeutic epidural injection
A57.7 Injection of therapeutic substance around spinal nerve root
A81.2 Injection of substance around sympathetic nerve
V54.4 Injection around spinal facet of spine (block)
X30.5 Injection of sclerosing substance NEC

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

EBI coding for Lumbar discectomy (December 2023)

Lumbar discectomy 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

In addition, note the following OPCS Codes – dominant position:
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
Plus Z99.3 Intervertebral disc of lumbar spine

Policy update record	
January 2021 Collaborative Clinical Commissioning Forum v1.1	Alignment and adoption of updated policy for the CCG.
June 2024 BLMK ICB QP meeting v3.0	Clarify the criteria for repeat epidurals, change to CBA position and move away from using the Individual Funding Request (IFR) process for repeat procedures.

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)