

# Back Pain Policies Summary

These policies are part of the wider project, 'Reviewing local health policies', which is reviewing and updating more than 100 policies, of which back pain are part of. This review happens routinely every 2-3 years to make sure that the latest clinical guidance is being applied and that the latest treatments are made available to patients.

In total, there have been 17 back pain policies reviewed. Some of these policies have procedures which are linked. Where this is the case, they have been grouped under the same 'policy', with a simple name, making it easier for patients and doctors to find. This means that there are now 6 back pain policies instead of 17.

The changes made bring these policies in line with the compulsory back pain and sciatica National Institute for Health and Care Excellence (NICE) guidelines released in November 2016. In some areas, doctors and hospitals may have already started to follow these guidelines. As part of the development of these guidelines, there was a national consultation carried out, where over 300 stakeholders, including local hospitals and voluntary organisations were involved. You can find out more about the [full consultation here](#).

Your local clinical commissioning group is responsible for implementing these compulsory NICE guidelines, making sure the local policies for these procedures are giving doctors and patients the same guidance as NICE, to avoid confusion and provide best practice everywhere.

## The policies which have been reviewed

The policies highlighted have had changes made to them in line with NICE guidelines. You will find these policies and their changes under the new policies named 'Injections for back pain', 'Disc decompressions and procedures' and 'X-Rays and MRI scans as diagnostic tools for back related problems'.

1. Therapeutic Endoscopic Division of Epidural Adhesions
2. Peripheral Nerve-field Stimulation (PNFS) for Chronic Low Back Pain
3. Prosthetic Intervertebral Disc Replacement in the Lumbar Spine
4. Automated Percutaneous Mechanical Lumbar Discectomy
5. Percutaneous Intradiscal Laser Ablation in the Lumbar Spine
6. Percutaneous Disc Decompression using Coblation for Lower Back Pain
7. Endoscopic Lumbar Decompression
8. Endoscopic Laser Foraminoplasty

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9. Transaxial Interbody Lumbosacral Fusion
10. Lateral (including extreme, extra and direct lateral) Interbody Fusion in the Lumbar Spine
11. Non-Rigid Stabilisation Techniques
12. Fusion
13. Radiofrequency Facet Joint Denervation Intra Discal Electro Thermal Annuloplasty (IDET) Percutaneous intradiscal radiofrequency thermocoagulation (PIRFT) Technology Assisted Micromobilisation and Reflex Stimulation (TAMARS)
14. Epidural Injection
15. Facet Joint - Non Specific Back Pain Over 12 Months including radio frequency ablation
16. Policy for Diagnostic Interventions and Treatments for Early Management of Back Pain
17. X rays and MRI scans as diagnostic tools for back related problems –New Policy

### Detail of changed policies

Policy name and description	What is changing	Why is it changing?
<p><b>X Rays and MRI Scans for diagnosing back related problems</b></p> <p>X-Ray – This scan creates a picture of the inside of the body and is best used to look at bones</p> <p>MRI- This stands for Magnetic Resonance Imaging and can create a picture of the inside of your body, including organs and the structures inside your body.</p>	<p>At the moment, there is no guidance for doctors on when to give a scan to patients, but it is referenced amongst other policies stating ‘X Rays and MRI scans should not be offered unless in a context of referral for surgery’</p> <p>The new policy will clearly say that imaging for patients presenting with back pain is not routinely commissioned in a ‘non-specialist setting’. The new policy will say;</p> <p>X rays, MRI and CT scans are NOT routinely commissioned in non-specialist settings.</p> <p>For patients with non-urgent presentations consider imaging in specialist musculoskeletal settings for people with low back pain with or without sciatica only if the result is likely to change management i.e. prior to surgery.</p> <p>Imaging is only commissioned where patients present with red flags(see below) or concerns of serious underlying pathology (cancer,</p>	<p>This policy now brings imaging back pain in line with the latest mandated NICE guidelines issued in November 2016 (NG59).</p> <p>Imaging such as X Rays and MRI scans are a poor way to identify and manage patients unless there is evidence or an indication of serious pathology</p>

	<p>infection etc.) and requires urgent management.</p> <p>Emergency Spinal Referral</p> <ul style="list-style-type: none"><li>• Suspected spinal cord neurology (gait disturbance, multilevel weakness in the legs and /or arms)</li><li>• Impending Cauda Equina Syndrome (Acute urinary disturbance, altered perianal and/or genital sensation, (reduced anal tone and squeeze – if circumstances permit)</li><li>• Major motor radiculopathy</li><li>• Suspected Spinal Infection</li></ul> <p>Priority Spine imaging (Protocol led MRI whole spine unless contraindicated)</p> <ul style="list-style-type: none"><li>• Past history of cancer *(new onset spinal pain)</li><li>• Recent unexplained weight loss</li><li>• Objectively unwell with spinal pain</li><li>• Raised inflammatory markers (relative to range anticipated for age) Plasma viscosity , CRP , ESR (according to local practice)</li><li>• Possible immunosuppression with new spinal pain (IVDU, HIV, Chemotherapy, Steroids).</li><li>• Prolonged steroid use *</li><li>• Known osteoporosis, with new severe spinal pain</li></ul> <p>Age &lt;15, or &gt;60 years new onset axial back pain</p>	
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	*Statistically significant red flags. Although the others listed may not be	
<p><b>Injections for back pain</b></p> <p>There are a number of injections which are used as pain relief for back pain.</p> <p>This is generally an invasive procedure where the needle is inserted into the spine with the medication released through the needle.</p>	<p>Currently, there are three policies each describing different types of injections. These are;</p> <p>Facet Joint – Non Specific Back Pain over 12 months including radio infrequency ablation – not routinely commissioned.</p> <p>Epidural Injection – Available for prolapsed disc &amp; spinal stenosis where surgery is not desirable, but this is not routinely commissioned for non-specific back pain</p> <p>Radiofrequency Facet Joint Denervation - Intra Discal Electro Thermal Annuloplasty (IDET), Percutaneous intradiscal radiofrequency thermocoagulation (PIRFT) Technology Assisted Micromobilisation and Reflex Stimulation (TAMARS) – This should not be offered for early intervention management or persistent non-specific low back pain.</p> <p>The changes to the policies</p> <ul style="list-style-type: none"> <li>• Bring all three policies into one simple policy called ‘Injections for back pain’</li> <li>• Outline specific criteria for epidural injections including them only being offered where symptoms are acute and the patient is experiencing sever sciatica and that only <b>one</b> injection should be offered.</li> </ul>	<p>This policy now brings injection for back pain in line with the latest mandated NICE guidelines issued in November 2016 (NG59).</p> <p>Criteria has been made more specific regarding epidural injections has been made specific in line with mandated NICE guidelines</p>
<p><b>Disc decompressions and procedures</b></p> <p>This is an invasive procedure</p>	<p>Currently, there are 6 individual policies related to decompression, all of which state that these treatments are not routinely commissioned.</p> <p>It is proposed that all procedures which are not routinely</p>	<p>This policy now demonstrates the latest mandated NICE guidelines issued in November 2016</p>

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<p>which is used to treat compressed nerves in the spine. There are a number of techniques which can be used to do this including surgery. This aims to improve symptoms such as persistent pain and numbness in the legs caused by pressure on the nerves in the spine.</p>	<p>commissioned are merged under one policy called 'Disc Decompression procedures'. This policy will state that these treatments are not routinely commissioned, as per the current policy.</p> <p>The new policy will now include some criteria regarding spinal surgery, which did not previously exist; The new policy will say;</p> <p>Spinal decompression i.e. laminectomy, discectomy, facetectomy, foraminotomy, is commissioned where:</p> <p>Patient presents with severe and acute sciatica</p> <p>AND</p> <p>have failed to respond to conservative intervention</p> <p>AND</p> <p>have imaging findings concordant with clinical presentation</p> <p>Patient outcome data must be entered onto the international registry database Spine Tango and providers are expected to regularly participate in the Cheshire and Mersey MDT Spinal Network.</p>	<p>(NG59), in reference to spinal surgery.</p> <p>Policies which are not routinely commissioned have been grouped for more clear understanding for both patients and doctors</p>
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### Glossary

There are three procedures which have changes

Term	Meaning
<b>NICE guidance</b>	The guidance published by the National Institute for Health and Care Excellence
<b>Not routinely commissioned</b> (a procedure)	This means the CCG will <b>only</b> fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG.
<b>Spinal Decompression</b>	A procedure to reconstruct the vaginal canal
<b>Epidural</b>	An epidural is an injection in the back to stop you feeling pain in part of your body.
<b>Facet Joint</b>	The facet joints are the joints in your spine that make your back flexible and enable you to bend and twist. Nerves exit your spinal cord through these joints on their way to other parts of your body. Healthy facet joints have cartilage, which allows your vertebrae to move smoothly against each other without grinding.
<b>Therapeutic Endoscopic Division of Epidural Adhesions</b>	Endoscopic epidural procedures are used to treat lower back pain, particularly when radiculopathy is present. The epidural space is examined with an endoscope and further interventions may then be performed, such as mobilising spinal adhesions or administering drugs to inflamed tissue.
<b>Endoscopic Laser Foraminoplasty</b>	The Endoscopic Laser Foraminoplasty procedure opens the lateral recess, decompresses the nerve roots, accepts the settlement and allows continued micromovements at the segmental level. This is expected to avoid the acceleration of degeneration at the adjacent levels. It preserves all options for the patient for the future including "Keyhole" disc replacement, and "Keyhole" fusion as well as conventional fusion or Total Disc

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Term	Meaning
	Replacement.
<b>Endoscopic Lumbar Decompression</b>	<b>Lumbar decompression</b> surgery is a type of surgery used to treat compressed nerves in the lower ( <b>lumbar</b> ) spine. It's only recommended when non-surgical treatments haven't helped. The surgery aims to improve symptoms such as persistent pain and numbness in the legs caused by pressure on the nerves in the spine.
<b>Percutaneous Disc Decompression using Coblation for Lower Back Pain</b>	<b>Percutaneous disc decompression</b> is a minimally invasive, highly effective treatment for low back pain caused by contained herniated <b>discs</b> and protruding <b>discs</b> . It is designed to alleviate pressure on a compressed nerve by directly excising the <b>disc</b> that is pushing against the nerve root.
<b>Percutaneous Intradiscal Laser Ablation in the Lumbar Spine</b>	In <b>percutaneous intradiscal laser ablation</b> , a needle is inserted through the outer cover of the disc, into its jelly-like centre. A <b>laser</b> is then inserted through the needle to destroy part of the disc, with the aim of shrinking it.
<b>Automated Percutaneous Mechanical Lumbar Discectomy</b>	This can be used to treat Sciatica and is performed using local anaesthetic with or without conscious sedation. Under fluoroscopic guidance, a cannula is placed centrally within the disc using a posterolateral approach on the symptomatic side. A probe connected to an automated cutting and aspiration device is then introduced through the cannula. The disc is aspirated until no more nuclear material can be obtained.
<b>Prosthetic Intervertebral Disc Replacement in the Lumbar Spine</b>	The diseased <b>disc</b> is partially or fully excised (depending on the <b>prosthesis</b> used). The <b>vertebral</b> endplates and surrounding <b>spinal</b> ligaments are preserved and help maintain implant stability. Single <b>discs</b> can be replaced, or alternatively, several levels can be replaced during the same surgery.
<b>Peripheral Nerve-field Stimulation (PNFS) for Chronic Low Back Pain</b>	<b>Peripheral nerve</b> and <b>field stimulation</b> is a type of neuromodulation, which is a surgical procedure that implants electrodes in the body to change how the <b>nervous</b> system works. <b>Peripheral nerve</b> and <b>field stimulation</b> involves placing the electrodes directly on <b>nerves</b> or under the skin in the region of pain.
<b>Non-Rigid Stabilisation Techniques</b>	Non-rigid stabilisation (otherwise known as flexible or dynamic stabilisation) of the lumbar spine is intended to improve chronic low back pain by reducing painful movement without rigidly fusing the spine.

Term	Meaning
<b>Lateral (including extreme, extra and direct lateral) Interbody Fusion in the Lumbar Spine</b>	<b>Lateral lumbar interbody fusion (XLIF)</b> is a minimally-invasive procedure used to treat leg or back pain generally caused by degenerative disc disease.
<b>Transaxial Interbody Lumbosacral Fusion</b>	<b>Transaxial anterior lumbar interbody fusion</b> is a minimally invasive spinal <b>fusion</b> procedure used to treat patients with chronic lower back pain.

## How to get in touch

If you have any concerns or queries regarding these changes and how they might affect you, please contact us on the following;

- Telephone – 0121 612 3806
- Email – [involvement@mlcsu.nhs.uk](mailto:involvement@mlcsu.nhs.uk)