

Policy Recommendation: Overall Pathway of Back Pain Management

Date of Issue : April 2017

The Priorities Committee has reviewed the evidence from NICE in relation to current policies and the Committee recommends that interventions are only performed in conjunction with a multi-disciplinary team approach and with conservative therapies at first line.

- Acupuncture is a low priority
- Manual therapies can only be considered as part of a treatment package if included with exercise with or without psychological therapy
- Spinal fusion and/or discectomy for non-specific back pain remain a low priority
- Disc replacement for low back pain with or without sciatica is a low priority
- Epidural injection for sciatica not responding to conservative therapy can be considered for up to 6 months as part of a rehabilitation pathway but should not be repeated
- Spinal injections as a therapeutic intervention are a low priority
- A single spinal injection of a medial branch nerve for diagnostic purposes is supported as part of potential radio frequency denervation for chronic low back pain
- Repeat radio frequency denervation should not be performed within a 16 month period and patients receiving treatment must be registered on the National Spinal Radiofrequency Register

Whilst the panel recognised the considered expert advice of NICE in their recommendation the panel also had a duty to prioritise spending of a finite resource locally and made a decision which it felt gave the most equitable and effective use of investment.