

Injectons for non-specific low back pain without sciatica

NHS Devon

Commissioning policy

Spinal injections of local anaesthetic and steroid are not routinely commissioned in Devon for patients with non-specific low back pain (NSLBP).

NSLBP is defined as low back pain that is not associated with serious or potentially serious causes. NSLBP is frequently described in the literature as 'non-specific', 'mechanical', 'musculoskeletal' or 'simple' low back pain.

For people with NSLBP the following injections should not be offered:

- 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

Alternative and less invasive options have been shown to work e.g. exercise programmes, behavioural therapy and attending a specialised pain clinic. Alternative options are suggested in line with the National Lower Back and Radicular Back Pain Pathway.

Epidurals (local anaesthetic and steroid) should be considered in patients who have severe lumbar sciatica who meet the criteria detailed in the 'Spinal Injections for Sciatica' commissioning policy.

Radiofrequency denervation may be offered to patients with NSLBP who meet the criteria detailed in the NHS Devon 'Radiofrequency Denervation' commissioning policy.

Rationale for the decision

NHS England Evidence-Based Interventions guidance notes that National Institute for Health and Care Excellence (NICE) guidelines recommend that spinal injections should not be offered for non-specific low back pain.

Radiofrequency denervation (to destroy the nerves that supply the painful facet joint in the spine) can be considered in some cases in line with the NHS Devon commissioning policy.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the ICB upon receipt of a completed application from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

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