Spinal injections for sciatica

NHS Devon

Commissioning policy

For the purpose of this policy, sciatica is used to describe leg pain secondary to lumbosacral nerve root pathology and includes ‘radicular pain’ and ‘radiculopathy’.

Assessments and interventions should be undertaken in line with National Institute for Health and Care Excellence (NICE) guideline, NG59. The list of non-recommended non-pharmacological and pharmacological interventions listed in the NICE guideline NG59 are **NOT** routinely commissioned by NHS Devon.

Epidural or nerve root block is routinely commissioned in Devon when patients meet the following criteria:

- the patient has **severe sciatica** with or without low back pain

AND

- the patient has sciatica consistent with the level of spinal involvement based on clinical assessment **AND** concordant diagnostic imaging

AND

- the use of non-pharmacological (including self-management) and pharmacological interventions has failed to control symptoms

AND

- the injections are part of a multi-disciplinary team (MDT) management plan

Do not use epidural injections for neurogenic claudication in people who have central spinal canal stenosis.

A maximum of two epidurals or nerve root blocks (including diagnostic) will be funded before case discussion in the appropriate MDT Meeting.

Spinal injections for sciatica should NOT be routinely repeated if the previous procedure was performed <6 months earlier.

For patients with persistent sciatica (pain for more than 6 months) where there is a concordant surgical target on imaging AND the patient wishes to explore surgical intervention, the patient should be discussed in the appropriate MDT Meeting and directed to the most clinically appropriate service and/or intervention.

Rationale for the decision

Alternative, less invasive options to spinal injections such as exercise programs, behavioural therapy, and attending a specialised pain clinic have been shown to be successful for patients with acute and severe sciatica.

National Institute for Health and Care Excellence (NICE) guidance for sciatica considers epidural injection, whether administered under image guidance or without, is a relatively safe and routinely used procedure for which there is some evidence of the effectiveness of local anaesthetic and steroid demonstrated by placebo-controlled trials. There is evidence suggesting that epidural injection may reduce the number of people with severe sciatica requiring surgical intervention. The NHS Getting It Right First Time (GIRFT) spinal services report (2019) recommends that epidural injections and nerve root blocks should only be repeated if six months of pain relief and functional improvement is achieved.

NG59 only mentions epidural injection, but nerve root blocks are included within the NICE endorsed National Low Back Pain and Radicular Pain Pathway.

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.

Date of publication:	Version:
20.08.2020	Policy agreed by NHS Devon CCG Policy adopted by NHS Devon ICB on 01.07.2022