

Policy Category:
CBA
Who usually applies for funding?
Not Applicable



Non-specific low back pain

Commissioning decision	NHS Gloucestershire ICB will provide funding for surgical treatment for patients with non-specific low back pain who meet the criteria defined within this policy.
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Policy Statement:

Surgical treatment for non-specific low back pain is considered to be a procedure of low clinical priority. These procedures are therefore not normally funded.

Only consider referral for surgical opinion for people who:

Have completed an optimal package of care, including 6 months of multi-modal exercise including mobility, strengthening and cardiovascular fitness

AND

A psychological assessment programme (including CBT as part of an appropriate level of physiotherapy intervention)

AND

Continue to have severe non-specific low back pain for which they are ready for and willing to have surgery

AND

Multidisciplinary assessment suggests that benefits of intervention will exceed the risks and full attempt at non-invasive management of greater than 1 year has been

The management of the following conditions is not covered by this policy: malignancy, infection, fracture, ankylosing spondylitis and other inflammatory disorders, radicular pain resulting from nerve root compression or cauda equina syndrome.

Back pain with possible serious pathologies, red flag symptoms, should be referred urgently as per usual practice.

Rationale:

Advice and information to promote self-management of low back pain should be offered to all patients. NICE recommends offering one of the following treatment options, taking into account patient preference: an exercise programme, a course of manual therapy or a course of acupuncture. Another of these options should be considered if the chosen treatment does not result in satisfactory improvement. NHS Choices advises patients that 'Pain management programmes can help you to learn how to manage your pain, increase your activities and have a better quality of life. This is done with a combination of group therapy, exercises, relaxation and education about pain and the psychology of pain.

Back pain is a common problem that affects most people at some point in their life. In most cases, back pain will improve in a few weeks or months, although some people experience long-term pain or pain that keeps coming back. It may be triggered by bad posture while sitting or standing, bending awkwardly, or lifting incorrectly. It's not generally caused by a serious condition. Most cases of back pain get better on their own and you may not need to see a doctor.

When back pain is persistent there are a number of treatment options that may be considered including painkillers, exercise, physiotherapy, acupuncture and counselling (such as cognitive behavioral therapy). Spinal surgery is an option but is usually only recommended when all else has failed and the criteria set out in this policy reflect this view.

If your doctor believes that you meet the criteria set out in this policy the ICB will fund your treatment.

Evidence base:

European guidelines for the management of chronic non-specific low back pain (2004). European Commission Research Directorate General (www.backpaineurope.org).

National Institute for Health and Clinical Excellence (NICE) Low back pain: Clinical Guidance 88 May 2009.

Clinical Knowledge Summary. Back Pain (low – without radiculopathy)
http://www.cks.nhs.uk/back_pain_low_without_radiculopathy/management/scenario_chronic_low_back_pain_more_than_6_weeks#-399381

For further information please contact GLICB.IFR@nhs.net

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Policy sign off:

Reviewing Body	Date of review
Effective Clinical Commissioning Policy Group	3 August 2015
Integrated Governance and Quality Committee	20 August 2015

Version Control:

Version No	Type of Change	Date	Description of Change
2	Date change	3.5.18	Policy review date changed to from October 2017 to May 2021
3	Date change	9.6.22	Policy review date changed to June 2025. No amendments to policy