NICE National Institute for Health and Care Excellence

NICE Pathways

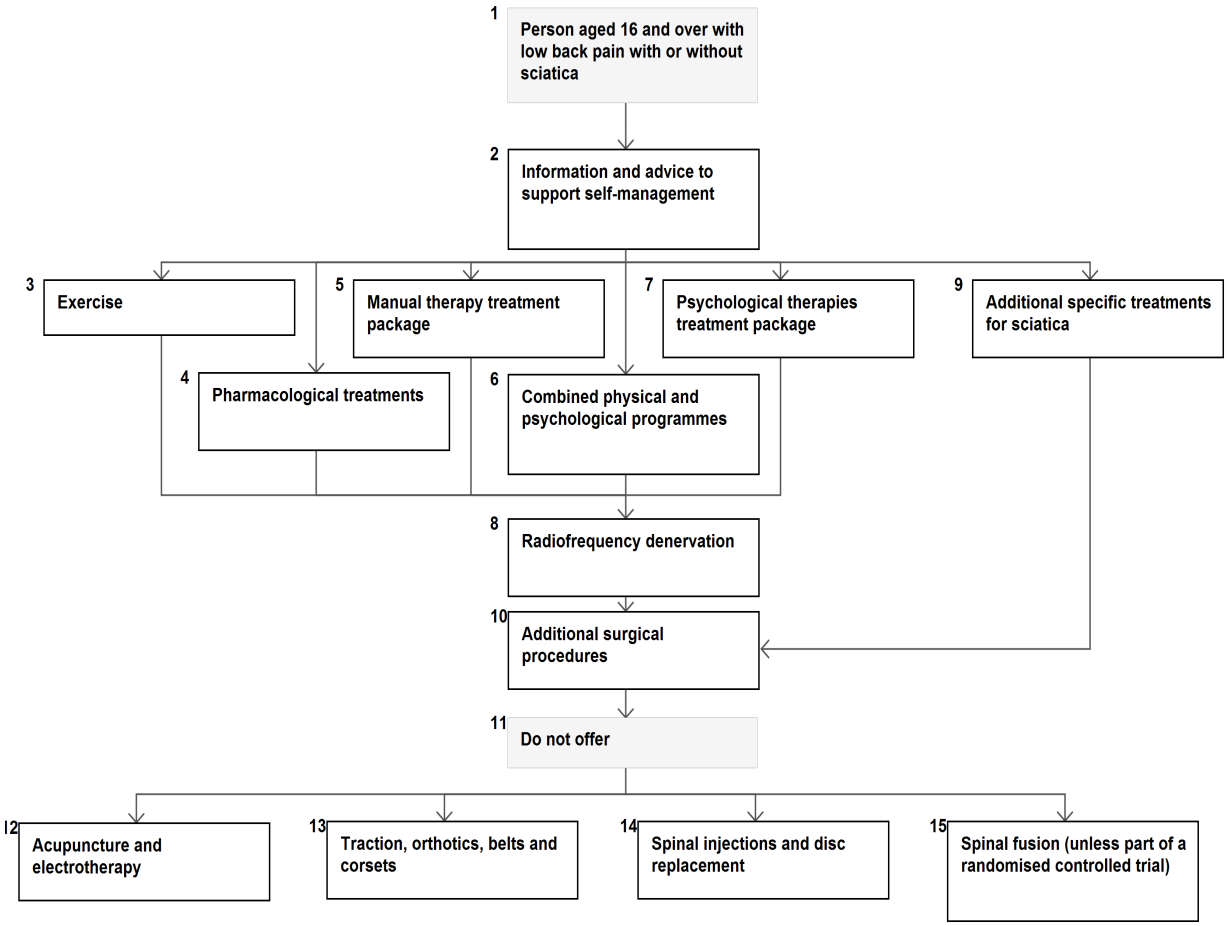
Managing low back pain and sciatica

NICE Pathways bring together all NICE guidance, quality standards and other NICE information on a specific topic.

NICE Pathways are interactive and designed to be used online. They are updated regularly as new NICE guidance is published. To view the latest version of this pathway see:

http://pathways.nice.org.uk/pathways/low-back-pain-and-sciatica
Pathway last updated: 29 November 2016

This document contains a single pathway diagram and uses numbering to link the boxes to the associated recommendations.



1 Person aged 16 and over with low back pain with or without sciatica

No additional information

2 Information and advice to support self-management

Provide people with advice and information, tailored to their needs and capabilities, to help them self-manage their low back pain with or without sciatica, at all steps of the treatment pathway. Include:

- information on the nature of low back pain and sciatica
- encouragement to continue with normal activities.

NICE has written information for the public explaining its guidance on low back pain and sciatica in over 16s: assessment and management.

Promote and facilitate return to work or normal activities of daily living for people with low back pain with or without sciatica.

NICE has produced a pathway on managing long-term sickness and incapacity for work.

3 Exercise

Consider a group exercise programme (biomechanical, aerobic, mind–body or a combination of approaches) within the NHS for people with a specific episode or flare-up of low back pain with or without sciatica. Take people's specific needs, preferences and capabilities into account when choosing the type of exercise.

4 Pharmacological treatments

Offer oral NSAIDs for managing low back pain, taking into account potential differences in gastrointestinal, liver and cardio-renal toxicity, and the person's risk factors, including age.

When prescribing oral NSAIDs for low back pain, think about appropriate clinical assessment, ongoing monitoring of risk factors, and the use of gastroprotective treatment.

Prescribe oral NSAIDs for low back pain at the lowest effective dose for the shortest possible period of time.

Consider weak opioids (with or without paracetamol) for managing acute low back pain only if an NSAID is contraindicated, not tolerated or has been ineffective.

Do not offer paracetamol alone for managing low back pain.

Do not routinely offer opioids for managing acute low back pain.

Do not offer opioids for managing chronic low back pain.

Do not offer selective serotonin reuptake inhibitors, serotonin–norepinephrine reuptake inhibitors or tricyclic antidepressants for managing low back pain.

Do not offer anticonvulsants for managing low back pain.

NICE has produced a pathway on medicines optimisation.

5 Manual therapy treatment package

Consider manual therapy (manipulation, mobilisation or soft tissue techniques (for example, massage)) for managing low back pain with or without sciatica, but only as part of a treatment package including exercise, with or without psychological therapy.

6 Combined physical and psychological programmes

Consider a combined physical and psychological programme, incorporating a cognitive behavioural approach (preferably in a group context that takes into account a person's specific needs and capabilities), for people with persistent low back pain or sciatica:

- when they have significant psychosocial obstacles to recovery (for example, avoiding normal activities based on inappropriate beliefs about their condition) **or**
- when previous treatments have not been effective.

7 Psychological therapies treatment package

Consider psychological therapies using a cognitive behavioural approach for managing low back pain with or without sciatica but only as part of a treatment package including exercise, with or without manual therapy (spinal manipulation, mobilisation or soft tissue techniques such as massage).

8 Radiofrequency denervation

Consider referral for assessment for radiofrequency denervation for people with chronic low back pain when:

- non-surgical treatment has not worked for them **and**
- the main source of pain is thought to come from structures supplied by the medial branch nerve **and**
- they have moderate or severe levels of localised back pain (rated as 5 or more on a visual analogue scale, or equivalent) at the time of referral.

Only perform radiofrequency denervation in people with chronic low back pain after a positive response to a diagnostic medial branch block.

Do not offer imaging for people with low back pain with specific facet joint pain as a prerequisite for radiofrequency denervation.

9 Additional specific treatments for sciatica

Neuropathic pain

For recommendations on pharmacological management of sciatica, see the NICE pathway on neuropathic pain.

Epidurals

Consider epidural injections of local anaesthetic and steroid in people with acute and severe sciatica.

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

Spinal decompression surgery

Consider spinal decompression for people with sciatica when non-surgical treatment has not improved pain or function and their radiological findings are consistent with sciatic symptoms.

Referral for surgical opinion

Do not allow a person's BMI, smoking status or psychological distress to influence the decision to refer them for a surgical opinion for sciatica.

10 Additional surgical procedures

Spinal cord stimulation for chronic pain of neuropathic or ischaemic origin

The following recommendations are from NICE technology appraisal guidance on spinal cord stimulation for chronic pain of neuropathic or ischaemic origin.

Spinal cord stimulation is recommended as a treatment option for adults with chronic pain of neuropathic origin who:

- continue to experience chronic pain (measuring at least 50 mm on a 0–100 mm visual analogue scale) for at least 6 months despite appropriate conventional medical management, and
- who have had a successful trial of stimulation as part of the assessment specified below.

Spinal cord stimulation is not recommended as a treatment option for adults with chronic pain of ischaemic origin except in the context of research as part of a clinical trial. Such research should be designed to generate robust evidence about the benefits of spinal cord stimulation (including pain relief, functional outcomes and quality of life) compared with standard care.

Spinal cord stimulation should be provided only after an assessment by a multidisciplinary team experienced in chronic pain assessment and management of people with spinal cord stimulation devices, including experience in the provision of ongoing monitoring and support of the person assessed.

When assessing the severity of pain and the trial of stimulation, the multidisciplinary team should be aware of the need to ensure equality of access to treatment with spinal cord stimulation. Tests to assess pain and response to spinal cord stimulation should take into account a person's disabilities (such as physical or sensory disabilities), or linguistic or other communication difficulties, and may need to be adapted.

If different spinal cord stimulation systems are considered to be equally suitable for a person, the least costly should be used. Assessment of cost should take into account acquisition costs, the anticipated longevity of the system, the stimulation requirements of the person with chronic pain and the support package offered.

People who are currently using spinal cord stimulation for the treatment of chronic pain of ischaemic origin should have the option to continue treatment until they and their clinicians consider it appropriate to stop.

NICE has written information for the public explaining its guidance on spinal cord stimulation for chronic pain of neuropathic or ischaemic origin.

Interventional procedures guidance

NICE has published guidance on the following with **normal arrangements** for clinical governance, consent and audit:

- percutaneous coblation of the intervertebral disc for low back pain and sciatica
- non-rigid stabilisation techniques for the treatment of low back pain
- interspinous distraction procedures for lumbar spinal stenosis causing neurogenic claudication
- percutaneous intradiscal laser ablation in the lumbar spine.

NICE has published guidance on the following with **special arrangements** for clinical governance, consent and audit or research:

- percutaneous intradiscal radiofrequency treatment of the intervertebral disc nucleus for low back pain
- percutaneous electrothermal treatment of the intervertebral disc annulus for low back pain and sciatica
- insertion of an annular disc implant at lumbar discectomy
- peripheral nerve-field stimulation for chronic low back pain
- percutaneous endoscopic laser lumbar discectomy
- automated percutaneous mechanical lumbar discectomy.

11 Do not offer

No additional information

12 Acupuncture and electrotherapy

Acupuncture

Do not offer acupuncture for managing low back pain with or without sciatica.

Electrotherapy

Do not offer ultrasound for managing low back pain with or without sciatica.

Do not offer PENS for managing low back pain with or without sciatica.

Do not offer TENS for managing low back pain with or without sciatica.

Do not offer interferential therapy for managing low back pain with or without sciatica.

13 Traction, orthotics, belts and corsets

Do not offer traction for managing low back pain with or without sciatica.

Do not offer belts or corsets for managing low back pain with or without sciatica.

Do not offer foot orthotics for managing low back pain with or without sciatica.

Do not offer rocker sole shoes for managing low back pain with or without sciatica.

14 Spinal injections and disc replacement

Spinal injections

Do not offer spinal injections for managing low back pain.

Disc replacement

Do not offer disc replacement in people with low back pain.

NICE has published interventional procedures guidance on prosthetic intervertebral disc replacement in the lumbar spine with **normal arrangements** for clinical governance, consent and audit.

15 Spinal fusion

Do not offer spinal fusion for people with low back pain unless as part of a randomised controlled trial.

Interbody fusion

NICE has published interventional procedures guidance on the following with **special arrangements** for clinical governance, consent and audit or research:

- transaxial interbody lumbosacral fusion
- lateral (including extreme, extra and direct lateral) interbody fusion in the lumbar spine.

Glossary

NSAIDs

non-steroidal anti-inflammatory drugs

PENs

percutaneous electrical nerve stimulation

TENs

transcutaneous electrical nerve stimulation

non-specific low back pain

Pain in the back between the bottom of the rib cage and the buttock creases. A diagnosis of non-specific low back pain simply means that the back pain is very unlikely to be because of a serious problem such as cancer, infection, fracture, or as part of more widespread inflammation.

Sources

Low back pain and sciatica in over 16s: assessment and management (2016) NICE guideline NG59

Spinal cord stimulation for chronic pain of neuropathic or ischaemic origin (2008) NICE technology appraisal guidance 159

Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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