NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Commissioning Policy Individual Funding Request

Referral for Assessment for Spinal Surgical Opinion

Prior Approval Policy

Date Adopted: 1st April 2013

Version: 1516.1.01

Non-Acute Back or Leg Pain that has not Responded to Conservative Management

Policy Statement

This policy sets out criteria for referral for assessment for surgical opinion for spine-related non-acute low back or leg pain that has not responded to conservative management. Surgical opinion is commissioned if the following criteria are met.

Note: This policy does not cover:

- **Acute back pain conditions due to fracture, dislocation, complications of tumour or infection and/or**
- **Nerve root or spinal compression responsible for progressive neurological deficit, and/or**
- **Spinal deformity.**

Policy - Criteria to Access Treatment – PRIOR APPROVAL FUNDING REQUIRED

Criteria for Referral for Spinal Surgical Opinion on lumbar spine related non-acute back or leg pain

1) Patients with evidence of nerve root involvement

- Patients with radicular pain persisting for a minimum of 8 weeks with evidence of nerve root involvement from patient history and examination ie the pain typically spreads distally in a dermatomal distribution.

AND

- Where full, multidisciplinary clinical assessment suggests that benefits of surgical intervention outweigh risks and are highly likely to exceed those of further conservative management.

Patients with leg pain that does not feature clinical signs of nerve root involvement ie no dermatomal pattern, should be managed conservatively without referral. If central canal stenosis is suspected, please refer to section 3 below regarding diagnostic uncertainty

2) Patients with non-specific low back pain

Surgical opinion is **not** normally commissioned for patients with non-specific low back pain i.e. without evidence of nerve root involvement or red flags.

Patients will be considered exceptions to this policy where the following NICE guidance applies

'Consider referral for an opinion on spinal fusion for people who:

- have completed an optimal package of care, including a combined physical and

psychological treatment programme (see definition below text box).

- **AND**

- still have severe non-specific low back pain for which they would consider surgery.

AND

- The person being referred would consider surgery having discussed the risks of spinal fusion (see information below).

3. Diagnostic uncertainty in patients with severe persistent pain

Pain that persists despite treatment should be managed in accordance with CKS guidance on how to manage chronic back pain that persists despite treatment[3]:

'Recheck for red flags for serious conditions, for indicators of risk of long-term pain and disability, and for signs and symptoms of other conditions that can cause back pain.'

A surgical opinion on diagnosis may be requested if there is:

- severe persistent pain

AND

- diagnostic uncertainty on recheck.

Guidance on conservative treatment of non-specific low back pain

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.'

Combined physical and psychological treatment programmes

NICE recommends these more intensive programmes for people who have received at least one less intensive treatment (as per the NICE guideline) and have high disability and/or significant psychological distress. The programme should include a cognitive behavioural approach and exercise. Patients with psychological distress should be offered appropriate treatment for this before referral for an opinion on spinal fusion.

Risks of spinal fusion[3]

The main risk of spinal fusion surgery is continued pain and disability — about 20% of operations.

Uncommon complications of spinal fusion include:

- Failure of the vertebrae to fuse (pseudoarthrosis).
- Failure of bone grafts or devices such as screws, rods, cages, which may require further surgery.
- Injury to nerves or major blood vessels.

There are also risks associated with having a general anaesthetic and surgery.

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the Commissioner's Individual Funding Request Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on 0800 073 0907 or 0117 947 4477.

This policy has been developed with the aid of the following references:

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

Approved by (committee):	**Clinical Policy Review Group**		
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Produced by (Title)	**Commissioning Manager – Individual Funding**		
EIA Completion Date:	**October 2014**	**Undertaken by (Title):**	**IFR Co-ordinator**
Review Date:	**Earliest of either NICE publication or three years from approval.**		

BNSSG Commissioning Advisory Forum

Referral for Assessment for Spinal Surgical Opinion: Lumbar spine-related non-acute back or leg pain that has not responded to conservative management

Purpose

To propose that the enclosed policy on referral for a spinal surgical opinion is adopted throughout BNSSG.

Background

The enclosed policy has developed over some years through discussion between NHS South Gloucestershire and North Bristol NHS Trust on appropriate referral of patients with persistent non-acute low back or leg pain.

Data analysis shows a longstanding pattern of high standardized admission ratios for lumbar procedures in South Gloucestershire (and the highest rates of intervention amongst BNSSG Commissioners). Lumbar procedures for the BNSSG and BANES populations more than doubled between 2002/03 and 2009/10, from 326 to 710. This has raised concerns about appropriate thresholds for intervention and referral practice.

The majority of people with back pain can expect recovery with conservative management alone. Referral guidance aims to clarify the specific circumstances under which referral for a surgical opinion is clinically appropriate. The enclosed policy only addresses referral of non-acute lumbar spine-related back or leg pain. It explicitly does not address referral of patients with acute back pain, particularly those with 'red flag' indicators of need for immediate or urgent referral.

The policy has been refined following detailed discussions with lead clinicians for the South Gloucestershire Spinal Assessment and Treatment Service (SATS) and for Orthopaedic back surgery at NBT. It incorporates NICE clinical guidance on referral of non-acute back pain.

Implementation issues

North Somerset's MSK primary care musculoskeletal service has identified the need to check access to conservative treatments in Bristol, S Gloucestershire and N Somerset, particularly psychological therapies. Waiting times for therapeutic spinal injections for acute radicular pain were also highlighted as a current problem. Further investigation and implementation planning is needed.

Recommendations

1. The BNSSG Commissioning Advisory Forum recommends adoption of the enclosed policy throughout BNSSG.

2. Implementation planning addresses potential barriers identified by N Somerset MSK.

Dr CE Hine MRCP FFPH, Consultant in Public Health, Bristol and South Gloucestershire CCGs, 19th September 2011