

Spinal Facet Joint, Medial Branch Block, Epidural Injections and Radiofrequency Denervation in relation to Low Back Pain and Sciatica in patients over 16 years old

This applies to all policy related spinal injections irrespective of the speciality providing the service. Exceptional/Prior Approval funding is required as set out below. Locally agreed tariffs apply.

EXCEPTIONAL FUNDING REQUIRED

Facet Joint Injection (FJI):

- Not normally commissioned for therapeutic indications (Exceptional Funding required)
- Not normally commissioned for diagnostic indications (Exceptional Funding required)

Medial Branch Block (MBB): - Therapeutic indications.

- Not normally commissioned for therapeutic Indications (Exceptional Funding required)

PRIOR APPROVAL REQUIRED

Medial Branch Block (MBB): - Diagnostic

A single MBB may be performed as a diagnostic as an out-patient procedure prior to radio frequency denervation where:

- There is a reasonable clinical suspicion that the pain experienced is generated by the spinal facet joints.
- Patients have actively participated in the decisions in respect of their treatment;
- Patients show commitment to taking responsibility for managing their condition by demonstrating:
 - Relevant lifestyle changes which include weight loss, increased fitness through exercise and physiotherapy; diet control, avoidance of illicit drugs and alcohol, improvement in sleep patterns, managing mood and mental health; and improved engagement in activities of daily living and purposeful occupation where appropriate.

Reference:	Policy Name	Review Date	Version
BSW-CP039	Lower back injection policy	March 2021	3

PRIOR APPROVAL REQUIRED

Radiofrequency denervation:

The CCG will only commission a subsequent facet denervation:

- For patients with significant functional impairment defined as:
 - Symptoms preventing the patient fulfilling activities of daily living or educational responsibilities.
- Following a positive response to diagnostic MBB defined as:
 - Significant reduction in pain, measured on a validated pain scale of at least 80% i.e. VAS/NRS.

Epidurals for central canal stenosis:

Do not recommend for neurogenic claudication in patients with central spinal canal stenosis. Any requests for this patient group are subject to Prior Approval

CRITERIA BASED ACCESS

Epidurals:

The CCG will commission a single epidural for patients with acute severe sciatica where:

- The patient is unable to participate effectively in conservative pain management
 - A specialist pain or Trauma & Orthopaedic clinician judges that a single injection is necessary and appropriate to enable participation in a conservative pain management programme.
- OR

Further injections at the same site to be requested via the Prior Approval route

On referral to the pain pathway model patients must be informed that the referral is for assessment and development of a pain management plan. Patients will not necessarily be offered an injection.

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

Patients who are not eligible for treatment under this policy may be considered on an individual basis, if their consultant believes there are exceptional circumstances that warrant deviation from the rule of this policy. Applications to be made via the Exceptional funding route including details to show why alternative treatments cannot be sought and what treatment has already been tried.

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