Bedfordshire Clinical Commissioning Group

Bedfordshire, Hertfordshire, West Essex and Milton Keynes
INTERIM Priorities Forum Statement

Number:	**77 (Merged from two previous guidances – 44 & 55)**
Subject:	**The management of low back pain and radiculopathy including back injections; the elective use of epidural injections, nerve root injections medial nerve blocks and radiofrequency denervation in the management of back pain**
Date refreshed:	**September 2018**
Date review due:	**September 2019**

GUIDANCE

This policy covers invasive treatments of low back pain and radiculopathy in secondary care. Each CCG's "management of back pain" pathway should be used by GPs prior to referral to secondary care. These should be in line with the *National Low Back and Radicular Pain Pathway* http://www.noebackpainprogramme.nhs.uk/wp-content/uploads/2015/05/National-Low-Back-and-Radicular-Pain-Pathway-2017_final.pdf

Management of predominant low back pain

Medial Branch Blocks

The CCG will routinely fund a medial branch block where the aim is to **localise the origin of lower back pain and assess suitability of radiofrequency denervation.**

A medial branch block will be routinely funded when all of the following criteria have been met:

- The patient is 16 years or older.
- The pain is thought to be mainly from structures supplied by the median branch nerve.
- The pain is moderate-severe localised back pain (rated as 5/10 or more on a visual analogue scale, or equivalent) at the time of referral.
- The procedure is intended as a diagnostic test to localise the source of lower back pain to assess suitability for radiofrequency denervation.
- The pain has been present for ≥12 months.
- There has been a failure of non-invasive management (oral analgesia, guided self-management, physiotherapy) as per CCG pathway.
- The patient agrees to enter the combined physiotherapy and psychology (CPP) programme post ablation (if offered) to optimise self-management strategies and de-escalate their analgesic regime.

Radiofrequency (RF) Denervation

The CCG will routinely fund RF denervation when all of the following criteria have been met:

- All of the above medial branch block criteria have been met.
- There has been a positive response to a medial branch block at the proposed site with a ≥75% reduction in pain.

Repeat denervation will be considered on an individual basis where there has been clear evidence of benefit over a six month period and where the clinician feels that repeat is likely to be of benefit to the patient.

Therapeutic Facet Joint Injections

The CCG will routinely fund therapeutic facet joint injections only when the patient meets the guidance criteria for radiofrequency denervation but the procedure is contraindicated (e.g. presence of pacemaker/ICD).

Management of predominant radiculopathy

Epidural Injections and Therapeutic Nerve Root Blocks

The CCG will routinely fund epidural injections and nerve root injections for patient suffering from predominantly **radicular pain due to herniated disc (sciatica).**

The CCG **will not routinely fund** epidural injections in patients with a diagnosis of central spinal stenosis (except in those with lateral canal stenosis).

Epidural injections or nerve root injections will be routinely funded when **all** of the following criteria have been met:

- The patient is 16 years or older.
- The patient has radicular pain consistent with the level of spinal involvement.
- The pain is having a significant impact upon the patient's ADLs (this will need to be described in any applications for prior approval)
- The pain has persisted for 6 weeks despite non-invasive management (UNLESS an MDT agrees that there is acute severe radiculopathy in which case this criterion may be waived).

Repeat Injections

The CCG will routinely fund a total of two injections (epidural and nerve root injections are counted together). Repeat epidural injections or nerve root injections will be routinely funded when all the following criteria have been met:

- 6 months has passed since the previous injection.
- There is documented improvement in the patient's symptoms. This may be demonstrated by either of the following:
    - An improvement in NRS by 2 points or more.
    - An improvement in ODI tool by 10 points or greater.

In the event further injections are required, the clinician will need to demonstrate grounds for exceptionality (e.g. patients with symptoms impacting on their activities of daily living who are too high risk to be considered for surgery). In order for further injections to be

considered there should be evidence of engagement with physiotherapy, an exercise programme and, if BMI ≥ 30, weight management programme.

Exceptionality to Guidance Criteria

Patients who do not meet guidance criteria will be eligible for funding if their clinician demonstrates grounds for exceptionality to the guidance. In this scenario, please submit an individual funding request (IFR) application to your CCG.

Highly Specialised Interventions for the management of back pain

A minority of patients who have complex pain and pain-associated disability will require more specialised interventions not routinely provided within secondary care services. Those who have been seen by secondary care back pain specialists and exhausted (where clinically appropriate) secondary care options may be appropriate to be considered for specialised interventions such as neuro-modulation (spinal cord stimulation) and intrathecal pumps. These patients should be referred from secondary care to NHSE accredited centres for consideration of more specialised interventions and treatments.

Human Rights and Equality Legislation has been considered in the formation of this guidance.