

Policy Statement:	Back injections for low back (lumbar/lumbosacral) pain and sciatica
Status:	Individual Prior Approval
	Not Normally Funded

POLICY

There are different types of back pain injections for low back pain and sciatica.

The following are commissioned by the CCG, provided patients meet the criteria outlined by this policy:

1. **Medial branch blocks - Diagnostic**
2. **Radiofrequency denervation (RFD)**
3. **Epidural injections**

If a patient meets the criteria, the clinician will need to seek individual prior approval from the CCG before providing treatment by completing the proforma at the end of this document.

Other injections

For people with non-specific low back pain the following injections **will not be funded**:

- facet joint injections
- therapeutic medial branch blocks
- intradiscal therapy
- prolotherapy
- Trigger point injections with any agent, including botulinum toxin
- Epidural steroid injections for chronic low back pain or for neurogenic claudication in patients with central spinal canal stenosis
- Any other spinal injections not specifically covered above

Medial Branch Blocks

This will only be funded by the CCG for patients and indications meeting the criteria set out below.

Diagnostic Indications

A medial branch block is commissioned where the patient meets ALL of the criteria below:

1. The pain has lasted for more than 12 months duration.
2. The main source of pain is thought to come from structures supplied by the medial branch nerve.
3. Pain has resulted in moderate to severe impact on daily functioning and the patient has 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.
4. Conservative management options have been tried and failed (including appropriate pharmacotherapy and physiotherapy) and the patient has actively engaged with a rehabilitation programme or not be appropriate for it.
5. The patient has been reviewed by a specialist clinician/physiotherapist trained in spinal assessment and this treatment is considered necessary to enable full participation with a rehabilitation programme.

Note:

- A single medial branch block procedure per site will only be commissioned where it is required to assess a patient ahead of a planned radiofrequency denervation.
- Multiple medial branch blocks per site are **not** routinely commissioned.
- Radiofrequency denervation for patients with facet joint pain is only commissioned in line with NICE guidelines on managing low back pain (NICE NG59, November 2016) Many patients may not be able to comply with conservative management because of pain and medial branch blocks +/- RFD may help them to engage with other conservative measures.

Therapeutic Indications

- Medial branch blocks are not routinely commissioned for therapeutic indications.

Radiofrequency denervation

The CCG will fund radiofrequency denervation only when the following criteria are met:

1. There has been a positive response to a diagnostic medial branch block **AND**
2. The patient has been referred after assessment by a specialist orthopaedic or MSK service.

- West Essex CCG will fund one radiofrequency denervation.

Epidural Injections

The CCG will fund epidural injections only when **ALL** of the following criteria are met:

1. The patient is more than 16 years of age.
2. Low back pain with acute symptoms of nerve root irritation due to disc extrusions and/or contained herniation.
3. The pain has lasted for more than 6 months duration.
4. The pain is unresponsive to conservative treatment including, but not limited to: CBT; pharmacotherapy; exercise or physical therapy (at least 2 modalities must be tried, or reasons given why it has not).
5. Nerve root irritation rated at a level of 7 or greater out of 10 on the visual analogue pain scale.
6. Patients must have actively participated in the decisions in respect of their treatment and demonstrated commitment to their long term treatment plan.
7. Patients must show commitment to taking responsibility for managing their condition by demonstrating lifestyle changes which include weight loss, increased physical 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 or not able to participate in such activities.

Note:

- Patients should not be under the impression that the decision to provide an injection has already been made or that repeat injections are routinely available.
- Patients may have a second injection after 6 months only when there is evidenced improvement.
- West Essex CCG will fund up to a maximum of 2 injections.
- The CCG will not fund caudal epidurals for neurogenic claudication in patients who have central spinal canal stenosis.

References

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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 as per the CCG policy.

Approved by (committee):	Executive Health and Care Commissioning Committee
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Back pain injections for low back pain and sciatica – individual prior approval funding request

It is essential for clinical staff to apply for funding for back injections **BEFORE** the patient is listed for the procedure. If funding is not agreed using this process the CCG will not pay for the activity.

Patient Name	
Hospital Number	
NHS Number	
Date of Birth	
Registered GP (name and address)	
Name of requesting clinician	
Date of this application	

1. Back injection requested

Medial branch block (go to Q 2) Radiofrequency denervation (go to Q 4) Epidural injection (go to Q 2)

2. Previous treatments

2.1 Analgesia history

- Current analgesia (please specify drug and dosage)

- Past analgesia (please specify drug, dosage, duration of treatment)

- Other relevant medication (please specify drug and dosage)

- Limiting side effects (please specify)

2.2 Other non-pharmacological treatments tried

	Yes	No	Date	Outcome/reasons why they have not been tried
Physiotherapy				
Psychological therapy/CBT				
Manual therapy (e.g. spinal manipulation, mobilisation, soft tissue techniques)				
Other (please specify)				

2.3 Previous back injections (please provide details of type, number and frequency of injection, description of improvement (of pain and on activities of daily living), duration of response)

**For medial branch block requests, continue to Q3.
For epidural requests, continue to Q 5.**

3. Diagnostic medial branch block (each row must be completed)

	Yes	No	Comments (if appropriate)
Main source of pain is thought to come from structures supplied by the medial branch nerve.			
Procedure is to assess a patient ahead of planned radiofrequency denervation			
Pain over 12 months duration.			
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.			
Pain has moderate to severe impact on daily functioning			
Conservative management options have been tried and failed (including appropriate pharmacotherapy and physiotherapy). Please detail this in Q2.			
Patient has either actively engaged with a rehabilitation programme or not be appropriate for it.			
The patient has been reviewed by a specialist clinician/physiotherapist trained in spinal assessment and this treatment is considered necessary to enable full participation with a rehabilitation programme.			

4. Radiofrequency denervation (each row must be completed)

Please note that the CCG will routinely fund one radiofrequency denervation.

	Yes	No	Comments (if appropriate)
Positive response to a diagnostic medial branch block			
Date of diagnostic medial branch block:			
Patient has had assessment by specialist orthopaedic/MSK service			

5. Epidural injections (each row must be completed)

Please note that the CCG will routinely fund a total of two epidural injections.

	Yes	No	Comments/evidence (if appropriate)
Low back pain with acute symptoms of nerve root irritation due to disc extrusions and/or contained herniation.			
Duration of pain longer than 6 months.			
Pain is unresponsive to conservative treatment including, but not limited to: CBT; pharmacotherapy; exercise or physical therapy (at least 2 modalities must be tried, or reasons given why it has not). Please detail this in Q2.			
Nerve root irritation rated at a level of 7 or greater out of 10 on the visual analogue pain scale.			
Patient has actively participated in the decisions in respect of their treatment and demonstrated commitment to their long term treatment plan.			
Patient has managed their condition by demonstrating lifestyle changes* and improved engagement in activities of daily living and purposeful occupation where appropriate or not able to participate in such activities. Evidence must be given for this criterion.			

**Lifestyle changes can include weight loss, increased physical fitness through exercise and physiotherapy; diet control, avoidance of illicit drugs and alcohol, improvement in sleep patterns, managing mood and mental health.*

If applying for second epidural injection, when was the previous injection?

Please detail the improvement in pain (e.g. % improvement/visual analogue scale) and activities of daily living before and after previous epidural injection:

Please return this form to WECCG.funding@nhs.net or by post to Individual funding request team, Building 4, Spencer Close, St Margaret's Hospital, The Plain, Epping, CM16 6TN.