



## Clinical Thresholds

<b>Condition or Treatment</b>	Back Pain Injections
<b>Commissioning Threshold</b>	<p>Harrogate and Rural District Clinical Commissioning Group (CCG) does not routinely commission Facet Joint Injections (FJI), Epidurals, Nerve Root Ablation or Rhizolysis for spinal pain.</p> <p>There are three exceptions:</p> <ol style="list-style-type: none"> <li>1. Therapeutic epidurals are commissioned as part of the acute / sub acute back pain pathway which is suitable for patients with back pain up to 12 weeks duration</li> <li>2. Diagnostic / FJI nerve blocks will be commissioned as part of the pre-surgical assessment of patients being considered for surgery for multi level disease to aid localisation of surgery in the management of spinal pain with nerve root involvement</li> <li>3. Spinal injections are required to treat cancer related spinal pain</li> </ol> <p>The CCG commissions spinal injections for patients with chronic spinal pain (&gt;12 weeks) only in clinically exceptional circumstances. All requests for spinal injections should be sent to IFR panel.</p>
<b>Referral Guidance</b>	<p>All requests for spinal injections should be sent to the CCG's Individual Funding Request Panel.</p> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block; margin: 10px 0;"> <a href="#">Referral Form</a> </div> <p>The referral form is a PDF. If required in Word format please contact HaRD CCG on 01423 799306</p>
<b>Effective from</b>	April 2013
<b>Summary of evidence / rationale</b>	<p>Chronic back pain is the second most common cause of long-term disability after arthritis. It is the second most common cause of long-term absence from work, after stress. It has a high social and economic cost. Chronic neck pain is less common but has both a health and societal cost.</p> <p>Injection of local anaesthetic, steroid or other agents around the primary nerve innervating the facet joint (the medial branch of the posterior primary ramus) is termed a medial branch block. It can be used as a diagnostic procedure intended to establish whether pain originates from the facet joint, and it may also be used as a therapeutic procedure.</p> <p>Facet joint injections involve injection of substances (local anaesthetic, steroid or other agents) into the facet joint itself. Facet joints are small stabilizing joints located between and behind adjacent vertebrae in the spine and are believed to contribute to spinal pain in some cases.</p> <p>Facet joint injections can be used as a diagnostic procedure intended to establish whether the pain originates entirely or largely from the facet joint and may also be used as a therapeutic procedure.</p> <p>The published evidence is adequate to support the therapeutic use of facet joint injections and medial branch blocks for chronic low back or</p>

	<p>neck pain. There is evidence from three published systematic reviews and one RCT that facet joint injections / medial branch blocks do not produce long-term benefits in chronic back or neck pain in terms of employment status or pain.</p> <p>There are no published cost-effectiveness studies of facet joint injections.</p> <p>The NICE clinical guideline on low back pain (CG88) recommends that injection therapy should not be offered for back pain lasting greater than 6 weeks and less than 1 year.</p>
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**References:**

1. A systematic review of therapeutic facet joint interventions in chronic spinal pain  
<http://www.ncbi.nlm.nih.gov/pubmed/17256032>  
Boswell, Colson, Sehgal, Dunbar & Epter 2007
2. Low back pain: Early management of persistent non-specific low back pain NICE CG88  
<http://publications.nice.org.uk/low-back-pain-cg88>