

## General Commissioning Policy

<b>Treatment</b>	<b>Therapeutic Injections for back pain</b>
<b>For the treatment of</b>	<b>Back Pain</b>
<b>Background</b>	<p>NHS Scarborough and Ryedale CCG (SRCCG) commissions healthcare on behalf of its local population across primary, secondary and tertiary care sectors. Commissioning policy including clinical referral pathways and thresholds have been developed and defined using appropriate NICE guidance and other peer reviewed evidence and are summarised here in order to guide and inform referrers.</p> <p>This commissioning policy is needed because the clinical and cost effectiveness of therapeutic injections for back pain is not proven.</p> <p>There is a threshold in place for diagnostic injections for back pain and also for patients who are on a surgical pathway. Such requests are currently considered via the NHS Scarborough and Ryedale CCG Individual Funding Request Process (IFR).</p>
<b>Commissioning position</b>	<p>NHS Scarborough and Ryedale CCG does not routinely commission therapeutic injections for back pain. Therapeutic injections included in this policy are:</p> <ul style="list-style-type: none"> <li>• Epidural injections</li> <li>• Facet joint injections (FJI)</li> <li>• Rhizolysis/ medial branch block/ nerve root ablation</li> <li>• Trigger point injections</li> </ul> <p>There are three exceptions:</p> <ol style="list-style-type: none"> <li>1. For the treatment of acute and non chronic spinal pain of up to 12 weeks duration, as part of the acute/subacute back pain pathway (including any associated acute limb pain) as per NICE Guideline NG 59, <ul style="list-style-type: none"> <li>• one epidural or transforaminal injection will be commissioned within an acute back pain service</li> </ul> </li> </ol> <p>Facet joint injections will NOT be commissioned for acute or acute on chronic spinal pain</p> <ol style="list-style-type: none"> <li>2. Spinal injections for diagnostic purposes:</li> </ol>

### Notes

1. This Policy will be reviewed in the light of new evidence, or guidance from NICE.

	<p>For patient with complex multi-level disease requiring assessment for surgical intervention (specialist MSK service; orthopaedic or neurosurgical services) the CCG will commission a maximum of two spinal injections for diagnostic purposes to help define surgical management of spinal pain with nerve root involvement. These should be performed no more than 6 weeks apart.</p> <p>3. Spinal injections required to treat cancer related spinal pain</p> <p>The CCG commissions spinal injections for patients with <b>chronic spinal pain</b> (&gt;12 weeks) only in clinically exceptional circumstances.</p> <p>All requests for therapeutic injections for acute and chronic back pain need to be made to the NHS Scarborough &amp; Ryedale CCG Individual Funding Request Panel process, using the Spinal Injection IFR form (attached).</p> <p>Review is required by the NHS Scarborough and Ryedale CCG for both new patients, and patients for whom a repeat therapeutic back pain injection is being considered. Treatments may be requested on the grounds of clinical exceptionality, using the Spinal Injection IFR form.</p>
<b>Effective from</b>	March 2017
<b>Summary of evidence / rationale</b>	<p>NICE Guideline NG59 (November 2016) provides comprehensive guidance on management options for low back pain, including the direction that 'spinal injections should not be offered for managing low back pain.</p> <p>Epidural injections of local anaesthetic and steroid may be considered in people with acute and severe sciatica.</p> <p>In February 2014, however, the Centre for Reviews and Dissemination (University of York) carried out a rapid appraisal and summary of existing systematic reviews published since 2009<sup>3</sup>. This built on the fuller report from YHEC<sup>4</sup> and concluded that current systematic reviews suggest there is insufficient evidence to support the use of injection therapy in patients with low back pain (or sciatica). The current <i>do not do</i> recommendation by NICE remains appropriate.</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. 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</p>

	<p>also be used as a therapeutic procedure.</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. Epidurals are injections of analgesia and steroid into the epidural space with the aim of a more regional response.</p> <p>The published evidence is inadequate to support the therapeutic use of facet joint injections, medial branch blocks or epidurals for chronic low back or 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. There are no published cost-effectiveness studies of facet joint injections.</p>
<b>Date</b>	March 2017
<b>Next Review Date</b>	2019
<b>Contact for this policy</b>	Service Improvement Team <a href="mailto:scrccg.enquiries@nhs.net">scrccg.enquiries@nhs.net</a>

#### References:

1. A systematic review of therapeutic facet joint interventions in chronic spinal pain  
Boswell, Colson, Sehgal, Dunbar & Epter 2007  
<http://www.ncbi.nlm.nih.gov/pubmed/17256032>
2. Low back pain: Early management of persistent non-specific low back pain NICE CG88  
May 2009 <http://publications.nice.org.uk/low-back-pain-cg88>
3. Evidence note - Spinal injections for the treatment of low back pain February 2014  
Centre for Reviews and Dissemination (personal communication)
4. Evidence Assessment: Therapeutic Spinal Injections For Chronic Back Pain York Health Economics Consortium June 2012
5. NICE Guideline Low Back Pain and Sciatica in over 16's (NG59, November 2016)