NHS
Dorset
Clinical Commissioning Group

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INTERVENTIONAL PROCEDURES IN THE MANAGEMENT OF SPINAL PAIN

Criteria Access Based Protocol



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP

INTERVENTIONAL PROCEDURES IN THE MANAGEMENT OF SPINAL PAIN

1. INTRODUCTION AND SCOPE

1.1 This policy describes the exclusions and access criteria regarding interventional procedures in the management of low back and radicular pain and will be applied in accordance with the Joint Commissioning Policy for Individual Treatment Requests.

1.2 This protocol relates to interventional procedures in the management of spinal pain and includes spinal injections of local anaesthetic and steroid in people with non-specific low back pain without sciatica, which are no longer commissioned**, in line with NHSE policy**, unless the criteria specified are met.

1.3 This policy adheres to NICE Guidance and the National Low Back and Radicular Pain Pathway February 2017.

1.4 The policy is for all who provide services to NHS Dorset CCG patients.

1.5 NHS Dorset CCG will only support the use of epidurals and facet joint denervation (medial branch block) in the case of clinical need, where the patient meets the access criteria outlined in this policy.

1.6 An expectation of this policy is that patients will be active participants in their care package including a commitment to self-management and relevant lifestyle changes.

1.7 This policy is aligned to NHS Dorset CCG's Low Back and Radicular Pain Pathway.

2. DEFINITIONS

2.1 Any definitions related to this Criteria Based Access Protocol are included as a Glossary at Appendix B.

3. ACCESS CRITERIA

3.1 Radicular Pain
Acute/Sub-Acute Pain

3.1.1 Epidural and Nerve Root Injections

The CCG will fund one epidural or nerve root injection when it is performed under aseptic conditions and technique, image guided with the use of contrast. It must be clinically appropriate and all of the following criteria will have been met:

- The patient has radicular pain consistent with the level of spinal involvement based on clinical assessment or diagnostic imaging;

  and

- Symptoms are severe and persist despite non-interventional treatment.

3.2 Radicular Pain
Persistent

When radicular pain is persistent and there is a surgical indication, the patient should be referred directly to the surgical service for an opinion where appropriate.

When pain is persistent and a definitive treatment is unclear, patients will be discussed at an MDT meeting and directed to the appropriate service and / or intervention if required.

3.3 Low Back Pain
Acute

Patients should be stratified according to STarT Back assessment and referred in line with the Low Back and Radicular Pain Pathway.

3.4 Low Back Pain
Persistent

When pain is persistent and a definitive treatment is unclear patients will be discussed at an MDT meeting and directed to the appropriate service and / or intervention if required.

3.4.1 For people with non-specific low back pain the following injections **should not** be offered:

- 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.

3.4.2 Medial Branch Block Radiofrequency Denervation

Consider referral for assessment for Radiofrequency Denervation for people with chronic low back pain when:

- A combined physical and psychological programme of treatment (i.e. all non-surgical and alternative treatments) has not worked for them if deemed appropriate by the Spinal Triage and Treat Team;

  and

- The main source of pain is thought to come from structures supplied by the medial branch nerve.

4. EXCLUSIONS

4.1 Epidural injections for neurogenic claudication with central spinal stenosis are not commissioned.

4.2 NHS Dorset CCG does not commission injection therapy for acute and sub-acute spinal pain.

4.3 NHS Dorset CCG does not commission facet joint injections.

4.4 In line with NICE Guidance NG59 this policy does not apply to:

- Inflammatory causes of back pain e.g ankylosing spondylitis or diseases of the viscera;
- Serious spinal pathology e.g. neoplasms, infections or osteoporotic collapse
- Neurological disorders including cauda equine syndrome or mononeuritis
- Adolescent scoliosis
- Conditions with a select and uniform pathology of a mechanical nature e.g. spondylolisthesis, scoliosis, vertebral fracture, or congenital disease
- Pregnancy-related back pain
- Sacroiliac joint dysfunction
- Adjacent-segment disease
- Failed back surgery syndrome
- Osteoarthritis

5. CASES FOR INDIVIDUAL CONSIDERATION

5.1 Should a patient not meet the criteria detailed within this protocol, the Policy for Individual Patient Treatments (which is available on the NHS Dorset Clinical Commissioning Group website or upon request), recognises that there will be occasions when patients who are not considered for funding may have good clinical reasons for being treated as exceptions. In such cases the requesting clinician must provide further information to support the case for being considered as an exception.

5.2 The fact that treatment is likely to be effective for a patient is not, in itself a basis for exceptional circumstances. In order for funding to be agreed there must be some unusual or unique clinical factor in respect of the patient that suggests that they are:

- significantly different to the general population of patients with the particular condition; and
- they are likely to gain significantly more benefits from the intervention than might be expected for the average patient with the condition

5.3 In these circumstances, please refer to the Individual Patient Treatment Team at the address below:

First Floor West
Vespasian House
Barrack Road
Dorchester
DT1 1TG
Telephone no: 01305 368936
Email: individual.requests@dorsetccg.nhs.uk

6. CONSULTATION

6.1 Prior to approval from Dorset CCG's Clinical Commissioning Committee this Protocol was reviewed by a task and finish group consisting of members of the Spinal Task and Finish Group which includes commissioners, clinicians and other relevant stakeholders.

6.2 An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

7. RECOMMENDATION AND APPROVAL PROCESS

7.1 As documented in NHS Dorset CCG's 'Procedure for the management and development of procedural documents', Criteria Based Access Protocols must be formally recommended by the Clinical Delivery Group responsible for the protocol, prior to formal approval by the Clinical Reference Group.

8. COMMUNICATION/DISSEMINATION

8.1 Following approval of Criteria Based Access Protocols at Clinical Commissioning Committee each Protocol will be uploaded to the CCG's Intranet, Internet and added to the next GP Bulletin.

9. IMPLEMENTATION

9.1 Following review of this Criteria Based Access Protocol it was agreed there were no new aspects to be included in this version and therefore no requirement for an implementation plan.

10. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

10.1 This Criteria Based Access Protocol requires a review every three years, or in the event of any changes to national guidance or when new guidance is issued.

FREQUENTLY ASKED QUESTIONS

GLOSSARY

- **Acute Spinal Pain**: pain lasting up to three months;
- **DCPS**: Dorset Community Pain Service;
- **Multidisciplinary Team (MDT):** a group of health-care professionals with different areas of expertise who unite to plan and carry out treatment of complex medical conditions, which should include STTT, Spinal Surgical Service Rheumatology and DCPS.
- **Persistent spinal pain**: pain which has lasted more than six months despite appropriate treatment;
- **Radicular pain** - Radicular pain, or radiculitis, is pain "radiated" along the dermatome (sensory distribution) of a nerve due to inflammation or other irritation of the nerve root (radiculopathy) at its connection to the spinal column.[1] A common form of radiculitis is sciatica.
- **Spinal triage and treat team** (STTT);
- **Sub-acute spinal pain**: pain lasting between three and six months;

A	**DOCUMENT DETAILS**
Procedural Document Number	166
Author (Name and Job Title)	Tracy Hill, Principal Programme Lead
Clinical Delivery Group (recommending group)	Spinal Task and Finish Group
Date of recommendation by CDG	7th March 2018
Date of approval by CRG	April 2019
Version	3.1
Review frequency	3 yearly
Review date	June 2020

B	**CONSULTATION PROCESS**		
Version No	**Review Date**	**Author and Job Title**	**Level of Consultation**
1.0	09-06-17		Spinal Task and Finish Group
2.0	07-03-18		Spinal Task and Finish Group

C	**VERSION CONTROL**				
Date of recommendation	**Version No**	**Review date**	**Nature of change**	**Approval date**	**Approval Committee**
09-06-17	2.0	June 2020	Update in line with national policy		CCC
18-04-18	3.0	June 2020	Further clarity provided within policy and change of title.		CCC
January 2019	3.1	June 2020	Changed from a policy to Criteria Based Access Protocol to meet NHSE 2019 requirements		CRG

D	ASSOCIATED DOCUMENTS

- Policy for individual patient treatment, NHS Dorset Clinical Commissioning Group
- Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group

E	SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES		
Evidence		**Hyperlink (if available)**	**Date**
National Low Back and Radicular Pain Pathway 2017 http://rcc-uk.org/wp-content/uploads/2015/01/Pathfinder-Low-back-and-Radicular-Pain.pdf NICE Guidance NG59 https://www.nice.org.uk/guidance/ng59			2017

G	DISTRIBUTION LIST		
Internal CCG Intranet	**CCG Internet Website**	**Communications Bulletin**	**External stakeholders**
✓	✓	✓	✓