

**Blackburn with Darwen Clinical Commissioning Group and
East Lancashire Clinical Commissioning Group**

Policies for the Commissioning of Healthcare

Policy for Managing Back Pain-Spinal Injections

Document information

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Version	Date	Amendments
V0.1	27/07/2016	Change to limitation criteria for Epidural Injections. Change to limitation criteria for Facet Joint Injections. Codes added to each procedure. Reference included.
V0.2	24/08/2016	Removal of summary page (pg. 2) Reword of section 2.2 Removal of section 2.3 Removal of section 3.3 Rewording of the wording in the limitations section. Section (6) included relating to the cases of exceptional circumstances. Reference section – Additional references included and web links to documents.
V0.4	12/09/16	Insert section 5.2 Insert in section 8.3 b - radiology
V0.5	24/02/2017	Amendments in line with NICE guidance. Published 30/11/2016 nice.org.uk/guidance/ng59 , 2016 and NICE Quality standard nice.org.uk/guidance/qs155 , 2017 Reword of section 1.1 Reword of section 1.3 Insertion of section 1.4

		Reword of section 2.1 Reword of section 3.1 Reword of section 3.2 Insertion of section 3.3 Insertion of section 3.4 Reword of section 4.1 Reword of section 5.1 Reword of section 6.1 Reword of section 7.1 Reword of section 8.1 Reword of section 9.1 Insertion of section 9.2 Insertion of section 9.3 Insertion of section 9.4 Insertion of section 9.5
V 10	04/08/2017	Insertion of section 2.1 Insertion of section 2.2 Insertion of section 2.3
V12	16/08/2017	Amendment to policy title Amendment to section 1.3 Amendment to section 2.2 (A) and (C) Amendment to section 3.1 Amendment to section 3.2 Amendment to section 3.4 Amendment to section 4.1 Amendment to section 9.2 (C) Amendment to section 9.3
V13/14/15	21.8.2017	Amendment to section 9.4

1.	Introduction
1.1	<p>This document is one of a suite of policies that the Pennine Lancashire CCGs, Blackburn with Darwen CCG (BwD CCG) and East Lancashire CCG (EL CCG) will use to inform its commissioning of healthcare. Each policy in the suite is a separate public document in its own right, but will be applied, where appropriate, with reference to other Policies in that suite.</p>
1.2	<p>This Policy is based on the CCGs' Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).</p>
1.3	<p>This document presents a Policy for Pennine Lancashire which is inclusive of Blackburn with Darwen CCG (BwD CCG) and East Lancashire CCG (EL CCG) for the Assessment and Management of Back Pain in Adults over the age of 16 and in line with NICE guidance.</p> <p>Healthcare professionals are expected to take this guideline fully into account alongside the individual needs, preferences and values of their patients.</p> <p>This CCG Policy recommends the local position on the management and treatment</p>

	<p>related to improving people's quality of life by promoting the most effective forms of care for low back pain and sciatica.</p> <p>This CCG Policy will apply to all local contracts, MSK services and treatments commissioned by both CCGs.</p>
1.4	<p>Relevant evidence and guidelines have been reviewed including taking into account the Recommendations of :</p> <ul style="list-style-type: none"> • NICE quality standard published 27th July 2017 https://nice.org.uk/guidance/qs155 • NICE guidance published 30th November 2016 https://www.nice.org.uk/guidance/ng59 • NHSE National Pathway of Care for Low Back Pain & Radicular Pain December 2014 http://rcc-uk.org/wp-content/uploads/2015/01/Pathfinder-Low-back-and-Radicular-Pain.pdf • Royal College of Surgeons Commissioning Guide: Low back pain 2013 and NHSE Guide to Commissioners of Spinal Services January 2013 • NHS RightCare https://www.england.nhs.uk/rightcare/
2	Scope and definitions
2.1	<p>Red Flags</p> <p>Consider specifically if there are features of: Spondyloarthritis Spinal injury Metastatic spinal cord compression Suspected cancer</p> <p>This Policy excludes the specific management of low back pain related to</p> <ul style="list-style-type: none"> • Cancer • Infection • Trauma (e.g. fracture spine which may need Vertebroplasty or kyphoplasty as approved by NICE) https://www.nice.org.uk/guidance/ta279 • or inflammatory disease such as spondyloarthritis https://www.nice.org.uk/guidance/NG59/chapter/Recommendations#assessment-of-low-back-pain-and-sciatica <p>NICE guidelines does not cover the evaluation of people with sciatica with progressive</p>

	<p>neurological deficit or cauda equina</p> <p>If serious underlying pathology is suspected, refer to relevant NICE guidance e.g:</p> <p>Metastatic spinal cord compression in adults http://www.nice.org.uk/guidance/cg75</p> <p>Spinal injury http://www.nice.org.uk/guidance/ng41</p> <p>Spondyloarthritis http://www.nice.org.uk/guidance/ng65</p> <p>Suspected cancer http://www.nice.org.uk/guidance/ng12</p> <p>This Policy excludes for example the specific management of back pain related to red flags</p>
<p>2.2</p>	<p>There are three groupings of pathologies that commonly affect the lumbar spine and cause back pain for which injections have been considered. These groups however, are very different in their response to injection therapy. Before treatment, patients need adequate assessment within a multi-disciplinary team and management approach to make a diagnosis or diagnoses. Injections could be part of the diagnosis process (diagnostic block).</p> <p>(A) Radicular pain - Patients with nerve root compression irritation and/or inflammation. Patients typically present with predominantly leg pain or sciatica. The two most common causes of radicular pain are prolapsed (herniated) intervertebral disc and spinal canal stenosis. Patients should be managed on an explicit care pathway with explicit review and decision points. Injection therapy for radicular pain in a carefully selected patient is an appropriate procedure and therefore funded.</p> <p>(B) Non-specific Low back pain (NSLBP) – is defined as low back pain not attributable to a specific pathology/ cause. It is not associated with potentially serious causes (e.g. infection, tumour, fracture, structural deformity, inflammatory disorder, radicular syndrome, or cauda equina syndrome). The management of non-specific low back pain represents a challenge in health care provision. Injection therapy for NSLBP is not appropriate procedure as advised by NICE and therefore not funded.</p> <p>(C) Specific low back pain - is defined when back pain is attributed to a specific pathology or cause. Specific back pain can have multiple causes including: Myofascial pain, specific disc bulge, failed back surgery, fracture vertebra, inflammation /stress of Sacroiliac or facet joints (after positive diagnostic block) or lumbar sympathetic nerves pathology. Injection therapy for specific low back pain in a carefully selected patient and within a multi-disciplinary team management approach is an appropriate procedure and therefore funded.</p>
<p>2.3</p>	<p>Spinal facet joint injections</p>

Spinal facet joint injections and epidural injections are used in two ways:

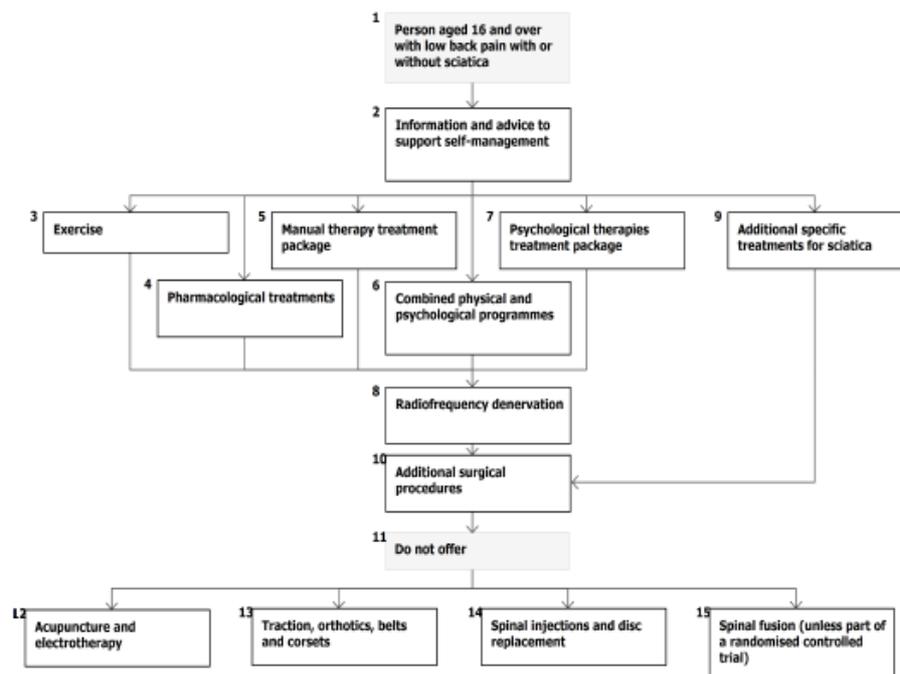
- First (**Diagnostic**): Selective nerve root block can be used to diagnose the source of radicular back or neck pain. Medial branch block is recognised as a diagnostic tool for facet joints pain
- Second (**Therapeutic**): spinal facet joint injections and epidural injections are used as a treatment to relieve both radicular and specific pain low back pain.

NICE does not recommend injections for treatment of non-specific low back pain (NSLBP)

The Policy describes the scope, exclusions and management of low back pain and appropriate treatment options based on the NICE management flowchart as follows:

Managing low back pain and sciatica

NICE Pathways



The flowchart above clearly states what **treatments are not to be offered in the management of Non-specific low back pain and sciatica:**

- Acupuncture and electrotherapy
- Traction, orthotics, belts and corsets
- Spinal injections and disc replacement
- Spinal fusion (unless part of a randomised controlled trial)

<https://pathways.nice.org.uk/pathways/low-back-pain-and-sciatica#path=view%3A/pathways/low-back-pain-and-sciatica/low-back-pain->

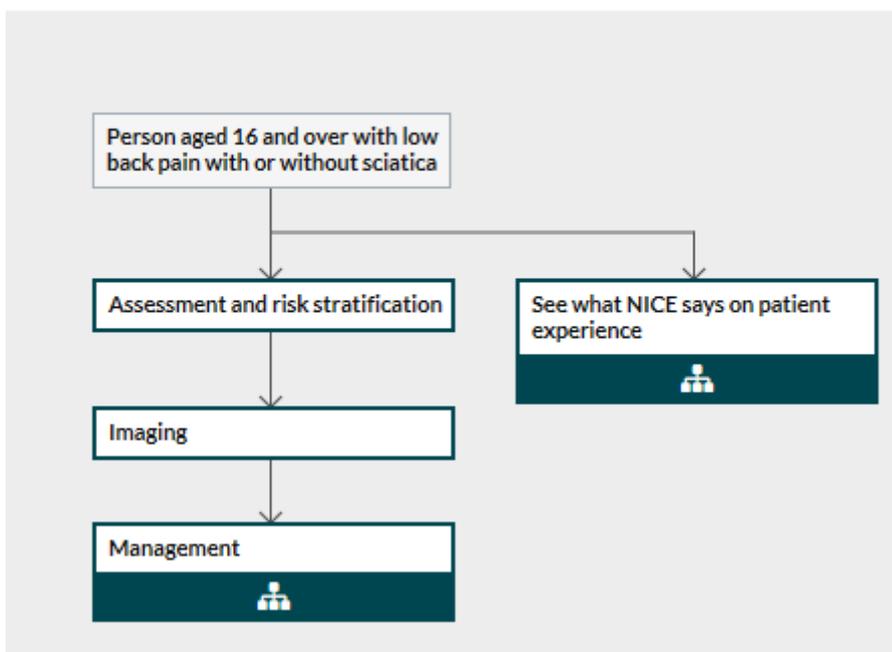
[and-sciatica-overview.xml&content=view-index](#)

3. Key requirements before considering injection therapy:

3.1 Assessment (History, examination & investigations)

Prior to referral to Consultant or MSK pain management services the STarT Back risk assessment (stratification tool) must be completed as part of the assessment process by primary care clinicians for each new individual patient episode of low back pain with or without sciatica in order to support informed shared decision making with the patient and self-management of low back pain.

Low back pain and sciatica overview



NICE guidance refers to consideration of imaging in specialist settings of care (for example, a musculoskeletal interface clinic or specialist pain clinic or hospital) for people with low back pain with or without sciatica **ONLY** if the result is likely to change management.

<https://www.nice.org.uk/guidance/NG59/chapter/Recommendations#assessment-of-low-back-pain-and-sciatica>

Primary care GPs can arrange investigations to facilitate patient care especially if there is neurological abnormal findings during patients' examination.

3.2 Non-Pharmacological Interventions

	<p>Patients are to be supported by non-pharmacological interventions with personalised information and advice to support self-management of their back pain with or without sciatica in line with NICE guidance published November 2016. This includes:</p> <ul style="list-style-type: none"> • Assessment utilising a stratification tool for example the STarT Back risk assessment tool • Self-management treatment package • Dedicated physiotherapy exercise programme • Cognitive behavioural therapy (CBT) programme if appropriate • Combination of self-management package, dedicated physiotherapy exercise programme and cognitive behavioural therapy programme • Return to work programme. <p>https://www.nice.org.uk/guidance/NG59/chapter/Recommendations#assessment-of-low-back-pain-and-sciatica</p> <p>Self-management support tools are available locally and nationally. East Lancashire Hospital Trust has a range of information available on the Trust website.</p> <p>http://www.elht.nhs.uk/departments-wards-and-services/Self%20Help%20Guides%20-%201st-line-management-patient-information-leaflets.htm</p>
<p>3.3</p>	<p>Pharmacological Interventions</p> <ul style="list-style-type: none"> • Use of medications should be optimised • Use of medication should be part of a multi-disciplinary management plan (drugs + physiotherapy + CBT +/- injections) • NICE clinical guideline: Neuropathic pain: the pharmacological management of neuropathic pain in adults in non-specialist settings. Clinical Guideline (CG) 173 updated February 2017 <p>https://www.nice.org.uk/guidance/cg173</p> <ul style="list-style-type: none"> • When pharmacological intervention is considered to be appropriate for sciatica this should be in line with NICE guidance NG59 and in full consideration of the potential side effects <p>https://www.nice.org.uk/guidance/NG59/chapter/Recommendations#assessment-of-low-back-pain-and-sciatica</p>
<p>3.4</p>	<p>Invasive, Non-surgical Interventions</p> <p>Invasive, non-surgical interventions and treatments for low back pain and sciatica must be considered in line with NICE guidance published 30th November 2016</p>

	<p style="text-align: center;">https://www.nice.org.uk/guidance/ng59</p> <p>1.3.1 page 9, NICE Guidance NG59 states:</p> <p style="text-align: center;">‘Do not offer spinal injections for managing non-specific low back pain’</p> <p>Same NICE guidance NG59 states (page 13 under context) <i>For consistency, we have used the term “Low back pain”, however, it reflects “non-specific”, “mechanical”, “musculoskeletal” or “simple” low back pain.</i></p> <p>Specific Low Back Pain</p> <p>The CCG will fund a maximum number of 2 caudal epidurals for specific low back pain before Consultant referral for further management where a further maximum of 2 therapeutic epidural injections will be funded within any individual treatment cycle prior to patient discharge or surgical referral.</p>
4.	Appropriate Healthcare
4.1	BwD and EL CCGs consider that facet joint and caudal injections are an invasive non-surgical intervention and therefore, accords with the Principle of Appropriateness and NICE guidance.
5	Effective Healthcare
5.1	<p>BwD CCG or EL CCG will only fund invasive treatments for the Management of Low Back Pain and as outlined in this policy following prior approval in line with the Individual Funding Request (IFR) Policy. The Collaborative Individual Funding Request process for Pennine Lancashire Clinical Commissioning Groups. Contact details are available as follows: bwdccg.ifr@nhs.net</p> <p>The IFR application must prove exceptional clinical need has been demonstrated and evidence that NICE guidance has been adhered to.</p> <p>The IFR application should be made by the clinician performing the procedure and must evidence that non-invasive treatments for low back pain have been tried.</p> <p>Evidence must include:</p> <ul style="list-style-type: none"> • Assessment utilising a stratification tool for example the STarT Back risk assessment tool • Treatment self-management package including dedicated physiotherapy exercise programme • Cognitive behavioural therapy programme • or combination of: • Treatment self-management package including dedicated physiotherapy exercise programme and cognitive behavioural therapy programme • Return to work programme.

6.	Cost Effectiveness
6.1	The CCGs of BwD and EL recognises that the outcome relating to cost effectiveness must be evidenced by treatments provided.
7	Ethics
7.1	The Commissioning Organisation recognises that treatments must satisfy the criteria within the 'Ethical' component of the Principles for Commissioning Health and Health Care document.
8	Affordability
8.1	The CCGs recognise that treatments must satisfy the criteria within the 'Affordability' component of the Principles for Commissioning Health and Health Care document.
9	Policy
9.1	This policy has been developed in line with evidence based practice, NICE guidance and reviewed by clinicians within Blackburn with Darwen CCG and East Lancashire CCG through the relevant governance process which includes the Pennine Lancashire Quality Committee, Commissioning Business Group, Local Delivery Group and the CCGs relevant Policy ratification groups.
9.2	<p><u>Spinal injections for low back pain</u></p> <p>(A) <u>Radicular pain:</u> as defined previously in paragraph 2.2</p> <ul style="list-style-type: none"> • Epidural injections (nerve root block, dorsal root ganglion block, DRG) with local anaesthetics and steroids for radicular pain (neck & back) in a carefully selected patient is an appropriate procedure and suitable for commissioning. • Selective nerve root blocks or DRG block can be used for diagnostic purpose • Injections must be part of a multimodal, multidisciplinary management plan (injection + medications + physiotherapy +/- CBT) <p><u>Limitations:</u></p> <ul style="list-style-type: none"> - Epidural injections MUST only be considered in people with acute and severe sciatica. - Key requirements before injection: Initial assessment, use of non-pharmacological & pharmacological interventions should be optimised as mentioned before in paragraphs (3.1, 3.2, 3.3, 3.4) <p>https://www.nice.org.uk/guidance/NG59/chapter/Recommendations#assessment-of-low-back-pain-and-sciatica</p>

(B) **Non-specific low back pain:** as defined previously in paragraph 2.2

Spinal injections for managing **Non-specific low back pain should not be offered in line with NICE guidance**

<https://www.nice.org.uk/guidance/NG59/chapter/Recommendations#assessment-of-low-back-pain-and-sciatica>

Same NICE guidance NG59 states (page 13 under context)

*For consistency, we have used the term “Low back pain”, however, it reflects “**non-specific**”, “mechanical”, “musculoskeletal” or “simple” low back pain.*

(C) **Specific low back pain:** as defined before in paragraph 2.2

- Specific Back pain = Diagnosed cause /causes for back pain
- Injection therapy for specific low back pain in a carefully selected patient is an appropriate procedure and therefore funded
- There are multiple possible causes for “Specific low back pain” and consequently the following evidence based injections could be considered in the following circumstances:
 - ✓ **For Radicular pain** is a specific cause for low back pain (9.2)
 - ✓ **For Myofascial pain:**
 - Trigger points injection and if positive Botox injection
 - ✓ **Failed back surgery (epidural scar tissue)**
 - Release of Epidural adhesions (Adhesiolysis)
 - Spinal cord stimulation
 - ✓ **Sacroiliac joint (SIJ) stress/ osteoarthritis (after diagnostic block)**
 - **Radiofrequency Lesion (RFL) denervation** of SIJ (after positive diagnostic block)
 - ✓ **Facet joints pain (after positive medial branch block)**
 - Facet Joints injection (FJI)
 - **RFL denervation** of lumbar facets (after positive block)
 - ✓ **Fractured vertebra (osteoporosis or cancer)**
 - Percutaneous Vertebroplasty or Kyphoplasty
 - ✓ **Discogenic pain (positive discography)**
 - Percutaneous discectomy (RFL or Mechanical)
 - ✓ **Lumbar sympathetic nerves pathology (after diagnostic sympathetic block)**
 - Lumbar sympathetic ablation (phenol, alcohol or RFL)

	<p><u>Limitations:</u></p> <p>The CCG will only fund this treatment for specific low back pain <u>if the following criteria are met:</u></p> <p>Key requirements before injection:</p> <ul style="list-style-type: none"> • Initial assessment of back pain, with or without sciatica, by the primary care clinician should be in line with NICE guidance including consideration of red flags and a validated tool e.g. The STarT Back risk assessment (stratification tool) must be completed by the primary care service clinician prior to referral to any Consultant or MSK pain management service to support informed shared decision making with the patient and self-management of low back pain. • Use of non-pharmacological & pharmacological interventions should be optimised and evidenced as mentioned before in paragraphs (3.2, 3.3) • Patient assessment & injection must be performed by a clinician trained in back pain assessment, diagnosis and management and as part of a full multi-disciplinary team management plan approach.
<p>9.3</p>	<p><u>Imaging</u></p> <p>1.3.4 page 10 NICE guidance NG 59 states,</p> <p>‘Do not offer imaging for people with nonspecific low back pain with specific facet joint pain as a prerequisite for radiofrequency denervation.’</p>

9.4**Radiofrequency denervation**

According to NICE guidance NG 59 states: (1.3.2 page 9)

‘Consider referral for assessment for radiofrequency denervation for people with chronic low back pain when’:

1. Non-surgical treatment has not worked for them **AND**
2. the main source of pain is thought to come from structures supplied by the medial branch nerve (positive diagnostic medial branch block) **AND**
3. they have 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’

‘Only perform radiofrequency in people with chronic low back pain after a positive response to a diagnostic medial branch block’

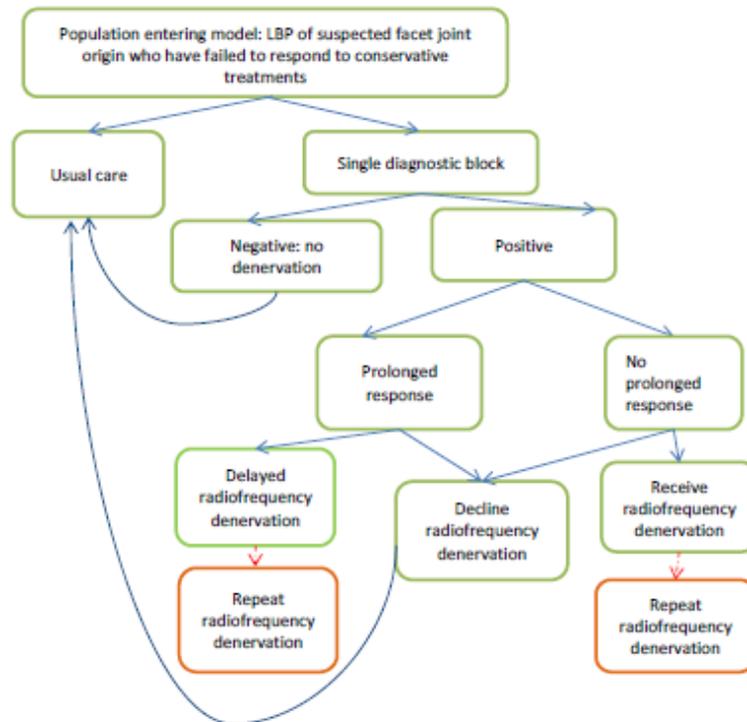
‘Current NICE guidance and The National Low Back and Radicular Pain Pathway 2017’ have been utilised in developing this guidance, however clinical experience and best practice has been also been considered, given nerves generally recover after 6 to 9 months following the denervation procedure meaning the pain could return. Thus, this CCG Policy stipulates that clinicians are able to consider repeat radiofrequency denervation after a period of 6 months, however the following patient discharge criteria must be adhered to by clinicians following any radiofrequency denervation treatment:

Patients must be discharged from the service post denervation if pain relief is >50% for a period of >4 months.

Should a new referral be required this must be accompanied by completion of a new assessment within primary care.

Pathway as follows:

Figure 1: Pathway in the model



http://www.ukssb.com/assets/PDFs/2017/February/National-Low-Back-and-Radicular-Pain-Pathway-2017_final.pdf

10	Exceptions
10.1	The CCGs will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies. The Collaborative Individual Funding Request process for Pennine Lancashire Clinical Commissioning Groups. Contact details are at bwdccg.ifr@nhs.net
11	Force
11.1	This policy remains in force until it is superseded by a revised policy.

Date of adoption

Date for review

References

NHS England (2013) Guide to the Commissioners of Spinal Services

http://www.nationalspinaltaskforce.co.uk/pdfs/NHSSpinalReport_vis7%2030.01.13.pdf

Royal College of Surgeons Commissioning Guide: Low back pain
2013

<http://www.rcseng.ac.uk/healthcare-bodies/docs/commissioning-guides-boa/lower-back-pain-commissioning-guide>

NHS Guidelines CG 88 (May 2009) Low Back Pain in Adults: Early Management

<https://www.nice.org.uk/Guidance/CG88>

NHS England National Pathfinder Projects (December 2014) National Pathway of Care for Low Back and Radicular Pain (*Report of the Clinical Group*)

<http://www.rcseng.ac.uk/healthcare-bodies/docs/pathfinder-low-back-and-radicular-pain>

NHS Wiltshire CCG “Managing Back Pain - Spinal Facet Joint and Epidural Injections Policy” (July 2014)

<http://www.wiltshireccg.nhs.uk/wp-content/uploads/2013/12/Managing-Back-Pain-Spinal-Facet-Joint-and-Epidural-Injections-Policy-AMENDED.pdf>

NHS Shropshire CCG “PROCEDURES OF LIMITED CLINICAL VALUE POLICY” (September 2015)

<http://www.shropshireccg.nhs.uk/download.cfm?doc=docm93jjim4n2001.pdf&ver=12190>

NHS Guidelines NG59 (November 2016) Low back pain and sciatica in over 16s assessment and management

<https://www.nice.org.uk/guidance/ng59/resources/low-back-pain-and-sciatica-in-over-16s-assessment-and-management-1837521693637>