Summary

This is a new policy created to clearly define NHS Wiltshire Clinical Commissioning Group’s approach to commissioning spinal facet joint and epidural injections for managing back pain.

The current approach of NHS Wiltshire Clinical Commissioning Group (which, for conciseness, we will refer to as “WCCG” in this document), does not provide WCCG with a robust arrangement for controlling the point of delivery (POD) of facet joint and epidural injections for managing back pain. Neither does the current position reflect current NICE clinical guidelines applicable to injections for non-specific back pain, nor clinical best practice.

This policy has been developed to bring WCCG’s commissioning arrangements closer to the nationally available guidance and it is hope that it will also act to better control costs associated with inappropriate POD.

1 The NICE “Low Back Pain and Sciatica” guidelines are due to come out in November 2016.
Consultation

The following people were consulted in relation to the development of this policy:

- The Musculoskeletal (or “MSK”) Programme Board
  
  Clinicians:
  
  - Tim King
  - Chet Sheth
  - Lindsay Kinlin
  - Richard Sandford-Hill

  Group Director (Sarum), Chair and Planned Care Lead:
  
  - Mark Harris

- Wiltshire Clinical Commissioning Group Clinical Advisory Group (or the “CAG”), which included:
  
  - Steve Rowlands
  - Peter Jenkins (Medical Advisor)
  - Tiina Korhonen (Clinical Effectiveness Manager, Central Southern Clinical Support Unit)
  - Nadine Fox (Head of Medicines Management)
  - Gail Warnes (Head of Prior Approvals)
  - Mark Smithies (in his capacity as a secondary care clinician)

- Central Southern Clinical Support Unit and John Dudgeon for informatics input

- Wiltshire Clinical Commissioning Group finance team

- Clinicians and management at our local specialist pain management units; Royal United Hospital Bath NHS Trust (or “RUH”), Great Western Hospitals NHS Foundation Trust (or “GWH”) and Salisbury NHS Foundation Trust (or “SFT”), including:
  
  - Clare Damen (Anaesthetic Service Manager Bath RUH)
  - Mike Coupe (Consultant Anaesthetist Bath RUH)
  - Andrew Souter (Consultant Anaesthetist Bath RUH)
  - Adam Brooks (Orthopedic Surgeon at GWH)
  - Lucy Williams (Clinical Lead for Pain Service GWH)

Appendices

The following appendices form part of this document:

management of persistent non-specific low back pain'

Appendix 2: The National Spinal Workforce, “A Guide to commissioners of spinal services” (January 2013)

Appendix 3: Royal College of Surgeons Commissioning Guide: Low back pain 2013

Review Log

<table>
<thead>
<tr>
<th>Version</th>
<th>Review Date</th>
<th>Reviewed By</th>
<th>Changes Required? (If yes, please summarise)</th>
<th>Changes Approved By</th>
<th>Approval Date</th>
</tr>
</thead>
</table>
| V0.1    | 24.4.14           | Wiltshire Clinical Commissioning Group, Clinical Advisory Group (CAG) | • Yes:  
- To differentiate between & be clear about those injections which are carried out as part of a comprehensive pain management service | CAG                 | Part of on-going review |
| V0.2    | 20.5.14           | MSK Board                                       | • Yes:  
- Questions in respect of radicular pain to be clarified                                                                 | Part of on-going review | Part of on-going review |
| V0.3    | 19.6.14           | CAG                                             | • No changes but question in respect of radicular pain unresolved at this point.                                                                 | Part of on-going review | Part of on-going review |
| V0.4    | 20.6.14 – 26.6.14 | Steve Rowlands & Peter Jenkins                 | • To agree the element of the policy that addresses radicular pain via epidural injections | Steve Rowlands & Peter Jenkins | 26.6.14       |
| V2      | 10.07.14          | Wiltshire Clinical Commissioning Group, Quality and Clinical Governance Committee | • Clinical content of policy agreed.                                                                                                                                   | Quality and Clinical Governance Committee | 3.3.15        |
| V3      | 13.11.14          | Secondary Care Clinicians from GWH and RUH:  
- Adam Brooks (Orthopedic Surgeon at GWH)  
- Lucy Williams | • Yes:  
- The policy is now more explicit as to what is commissioned for non-specific pain, and what is commissioned for | Quality and Clinical Governance Committee | 3.3.15        |
- The policy now explicitly states that WCCG will commission spinal facet joint injection and/or denervation for specific facet joint pain. Previously the policy was unintentionally silent on the issue of denervation, leading to a number of queries in respect of the provision of this treatment in this context. Denervation is a similar treatment to a facet joint injection, however a different HRG applies. We have therefore included this additional HRG code in section 3.5 of this policy.

- Also, in respect of spinal facet joint injections (and/or denervation), we have explicitly introduced two nuances: (1) we have limited the scope of when the treatment will be offered; previously there was no explicit requirement for there to be a reasonable clinical suspicion that the pain experienced...
was generated by the spinal facet joints. We have now incorporated this requirement; (2) previously; there was a requirement for the patient to have initially tried conservative treatment for 12 months. We have removed this requirement, because, where the cause of the pain can be specifically attributed to the facet joint there is a clinical benefit in acting as soon as possible so as to prevent deterioration in condition.2.

- In respect of epidural injections for radicular pain, we have waived the requirement for symptoms to persist (despite some non-operative treatment) for at least 6 weeks in those circumstances where the patient is identified by an MDT as having severe acute radicular pain justifying an immediate epidural or nerve root block. This is in line with new guidance from

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2 Acting sooner in this clinical scenario will reduce the chance of patients requiring intervention by way of back operation later down the line. Specifically, this treatment is beneficial in preventing the progression to lumbar decompression or microdiscectomy.
Acknowledgements

All those involved & consulted (previously listed) as part of the development of the policy.

MANAGING BACK PAIN - SPINAL FACET JOINT AND EPIDURAL INJECTIONS POLICY

1.0 INTRODUCTION & PURPOSE

1.1 This paper presents a policy for spinal facet joint and epidural injections for MSK related pain in relation to back, leg and neck pain for WCCG. The policy recommends that facet joint injections and epidural injections are a restricted procedure requiring threshold criteria.

2.0 SCOPE & DEFINITIONS

2.1 There are three groupings of pathologies that commonly affect the lumbar spine for which injections have been considered. These groups however, are very different in their response to injection therapy.

1) **Radicular pain** - Patients with nerve root compression and/or inflammation. They typically present with predominantly leg pain or sciatica. The two most common causes of radicular pain are prolapsed intervertebral disc and spinal 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 suitable for commissioning.

2) **Non-specific pain** - A very large group of patients with back pain but without nerve root involvement. This is often referred to non-specific low back pain. The management of non-specific low back pain represents one of the greatest challenges in health care provision.

3) **Specific low back pain, emanating from the spinal facet joints.** This is a smaller group of patients, but is important as they may have pain amenable to injection treatment.

2.2 Spinal facet joint and epidural injections are used in two ways. Firstly, epidural injections and nerve root blocks can be used to diagnose the source of radicular back or neck pain and facet joint injections can be used to diagnose a facetal source of back pain (facet joint pain). Secondly epidural injections and nerve root blocks are used as therapeutic treatment to relieve radicular pain and spinal facet joint injections and denervation can treat facet joint pain.

2.3 Relevant evidence and guidelines have been reviewed taking into account the recommendations published in NICE Clinical Guidelines, NHSE guide to commissioners of spinal services January 2013 and

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2.4 This policy has been developed in conjunction with local clinicians.

2.5 This policy describes the exclusions and access criteria regarding interventional procedures in the management of spinal pain.

3.0 PROCESS/REQUIREMENTS

3.1 BACKGROUND AND EVIDENCE RELEVANT TO REVIEW

Spinal facet joints are small flat joints located on both sides of the vertebrae where they overlap with neighbouring vertebrae and provide stability and mobility allowing the spine to bend and twist. (See diagram 1.)

![Diagram 1](http://www.nationalspinaltaskforce.co.uk/pdfs/NHSSpinalReport_vis7%2030.01.13.pdf)

Clinical assessment and radiological investigations are unreliable in diagnosing the spinal facet joints as the source of back pain. Local anaesthetic blocks may be required to make the diagnosis. These blocks may be either intra-articular spinal facet joint injections (local anaesthetic applied into the facet joint capsule) or medial branch blocks (local anaesthetic applied close to the medial branch of the dorsal primary ramus (nerve which supplies the facet joint).

Alongside the advice of practicing clinicians, the following guidelines have been considered in reviewing this policy:

- The National Spinal Workforce, “A Guide to commissioners of spinal services” (January 2013)\(^5\)
- Royal College of Surgeons Commissioning Guide: Low back pain 2013\(^6\)

\(^5\) http://www.nationalspinaltaskforce.co.uk/pdfs/NHSSpinalReport_vis7%2030.01.13.pdf
3.2 **NHS WILTSHIRE CLINICAL COMMISSIONING GROUP CURRENT POSITION**

The previously applicable WCCG clinical priorities policy for “injections” (for the avoidance of doubt, before the implementation of this policy, WCCG had no specific policy relating to spinal facet joint or epidural injections), stated that WCCG would only commission injections as outpatient cases (prior approval was required if injections were to be performed in any other way, e.g. as a day case).

In the financial year 13/14, WCCG identified that many spinal facet joint and epidural injections were being performed without prior approval as day case procedures. It was estimated that this activity cost WCCG circa £1,000,000 a year. Furthermore, it is nationally recognised that the majority of this type of procedure would not require a day case setting unless supportive evidence proved exceptional circumstances.

Prior to the implementation of this policy, WCCG did not have a robust arrangement for back injections, reflecting clinical evidence. Accordingly, the development of this policy has been an important step towards bringing our commissioning arrangements closer to the same.

At present the population of Wiltshire attends three main acute trust providers and a number of independent sector providers. These providers are all able to provide facet joint and epidural injections. It is important to the WCCG that this policy is in place to ensure equitable & fair access for our patients across the whole county.

This policy will be reviewed in 12 months to ensure that it remains in line with any revision made to NICE recommendations.
3.3   NHS WILTSHIRE CLINICAL COMMISSIONING GROUP
COMMISSIONING POLICY

3.3.1   SPINAL FACET JOINT & EPIDURAL INJECTIONS
Spinal facet joint and epidural injections may only be commissioned by
WCCG for patients where:

(1) The patient is not under the impression that the decision to provide
an injection has already been made or that repeat injections are
routinely available; and

(2) The patient meets the criteria set-out in the table below.
<table>
<thead>
<tr>
<th></th>
<th>Non-specific pain</th>
<th>Specific pain</th>
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<tbody>
<tr>
<td></td>
<td><strong>Spinal facet joint injections</strong></td>
<td><strong>Epidurals</strong></td>
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<tr>
<td><strong>Less than 6 weeks</strong></td>
<td>Not commissioned.</td>
<td>Not commissioned.</td>
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<td></td>
<td>WCCG will only commission a subsequent facet denervation where:</td>
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<tr>
<td><strong>6 weeks - 12 months</strong></td>
<td>Not commissioned.</td>
<td>Not commissioned.</td>
</tr>
<tr>
<td></td>
<td>WCCG will only commission an <strong>initial</strong> epidural injection for non-specific pain where:</td>
<td></td>
</tr>
<tr>
<td><strong>Longer than 12</strong></td>
<td>Not commissioned.</td>
<td>WCCG will only commission an <strong>initial</strong> epidural injection for non-specific pain where:</td>
</tr>
<tr>
<td>Months</td>
<td>Conditions for Second Epidural Injection</td>
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<td>--------</td>
<td>----------------------------------------</td>
<td></td>
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</table>
|        | - Patients have actively participated in the decisions in respect of their treatment;  
|        | - Patients show commitment to taking responsibility for managing their condition by demonstrating relevant lifestyle changes, which include weight loss, increased 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;  
|        | - All other available conservative management options have been tried for at least twelve months and have proven to fail;  
|        | - Back or neck pain is rated at a level of 7/10 on the standard pain scale;  
|        | - Back or neck pain causes significant impact on daily functioning, which has been assessed using the HAD tool; and  
|        | - Patients have given their informed consent.  

WCCG will only fund a second epidural injection if:

- Six months have elapsed since the first injection and there is evidenced improvement, i.e. VAS (20mm reduction), HAD (reduction of 4 or more), Oswestry & EQ-5D scores showing improvement; as well as evidence of medication reduction at three months.

*In total, WCCG will only routinely fund a maximum of 2 epidural injections per patient.*

*A request for exceptional funding must be made for a third injection at the same site.*
3.3.2 CASES FOR EXCEPTIONAL CONSIDERATION

WCCG recognises that there will be occasions when a patient is suffering from a presenting medical condition or particular clinical circumstance that falls outside of what WCCG has agreed to fund. In such cases the requesting clinician must submit the mandatory individual funding application form with, robust, supporting information and evidence.

WCCG will only pay the day case tariff for an injection covered by this policy where an application for the same indicates exceptional circumstances which demonstrate that:

- The patient is significantly different to the general population of patients with the particular condition; and
- They are likely to gain significantly more benefit than might be expected for the average patient with the condition.

The individual funding request policy, application form, and contact details are available on WCCG’s Internet page:

http://www.wiltshireccg.nhs.uk/what-we-do-and-dont-fund

3.3.3 EXCLUSIONS

This policy does not apply to those under 18 years of age or emergency care patients.

See section 3.6 of this policy for the associated HRG Codes

3.4 POLICY PRICING

WCCG will agree an outpatient tariff for all spinal facet joint injections, denervation, epidural injections, and nerve block performed under this policy with its providers. See section 3.5 of this policy for the related OPCS codes.

3.5 OPCS CODES

A521
V544
A522

Plus any additional OPCS codes referenced as part of contract negotiations with providers for the relevant contract year.

4.0 ROLES & RESPONSIBILITIES
4.1 The following committees/groups have the following responsibilities in relation to this document:

<table>
<thead>
<tr>
<th>Committee/ Group</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarum Group</td>
<td>Review the content of this policy in February 2016. Update as necessary.</td>
</tr>
<tr>
<td>NHS Wiltshire Clinical Commissioning Group, Clinical Advisory Group</td>
<td>Provide clinical input/ advice on any proposed amendments to this policy.</td>
</tr>
<tr>
<td>NHS Wiltshire Clinical Commissioning Group, Quality &amp; Clinical Governance</td>
<td>Provide the clinical approval in relation to any proposed amendments to this policy.</td>
</tr>
<tr>
<td>NHS Wiltshire Clinical Commissioning Group, Communications Team</td>
<td>Ensure this document is accessible to the general public via NHS Wiltshire Clinical Commissioning Group’s website.</td>
</tr>
</tbody>
</table>

5.0 TRAINING

5.1 No training requirements have been identified.

6.0 EQUALITY, DIVERSITY AND MENTAL CAPACITY

6.1 An Equality Impact Assessment (EIA) has been completed for this policy and no significant issues were identified. The EIA will be published on WCCG internet.

This policy has been assessed and meets the requirements of the Mental Capacity Act 2005.

7.0 SUCCESS CRITERIA / MONITORING EFFECTIVENESS

7.1 The following monitoring arrangements will be established to review the effectiveness of this policy:

**MONITORING**

Using activity data, WCCG’s Sarum Group will perform a monthly review of the point of delivery of spinal facet joint and epidural injections performed by its providers to ensure compliance with this policy.

**AUDIT**

An annual audit may be completed to confirm that patients have been treated in accordance with the criteria specified in section 3 of this
policy. The onus is therefore on the organisation providing the injection to ensure that the patient qualifies for the treatment before it provides. WCCG reserves the right to challenge its providers in respect of any treatment provided outside of the remit of this policy.

COMPLAINTS & PALS

WCCG’s Sarum Group will perform an on-going review of any complaints or concerns notified to PALS that relate to the implementation of this policy.

8.0 REVIEW

8.1 This document may be reviewed at any time at the request of either staff side or management, but will be reviewed after twelve months.

9.0 REFERENCES AND LINKS TO OTHER DOCUMENTS

The following references informed the drafting of this policy:

- The National Spinal Workforce, “A Guide to commissioners of spinal services” (January 2013)\(^{10}\)

- Royal College of Surgeons Commissioning Guide: Low back pain 2013\(^{11}\)

- NHS England National Pathfinder Projects, Trauma Programme of Care Pathfinder Project – Low Back Pain and Radicular Pain\(^{12}\)

- Map of Medicine – Low back pain – general management\(^{13}\)

\(^{10}\) http://www.nationalspinaltaskforce.co.uk/pdfs/NHSSpinalReport_vis7%2030.01.13.pdf

\(^{11}\) http://www.rcseng.ac.uk/healthcare-bodies/docs/commissioning-guides-boa/lower-back-pain-commissioning-guide
