T42: Therapeutic Epidural Injections for persistent (chronic) radicular pain

Instructions for Use:
To Referring Clinicians (e.g. GPs): Please refer to the above policy and complete the following form prior to referral and provide evidence to support the criteria.

To Consultants: Please complete the box below and ensure there is evidence that the criteria are met.

First Injection:

In ordinary circumstances*, referral should not be considered unless the patient meets all of the following criteria. Please consider all avenues for management in Primary care (including referral to locally enhanced services) prior to referral to Secondary care

<table>
<thead>
<tr>
<th>Please tick if criteria met</th>
</tr>
</thead>
<tbody>
<tr>
<td>The patient is aged 18 years or over AND</td>
</tr>
<tr>
<td>The patient is part of a comprehensive pain management programme, with all conservative management options (physiotherapy treatments and guided exercise programmes, pharmacotherapy including analgesia and muscle relaxants) having been tried and failed AND</td>
</tr>
<tr>
<td>A MDT or pain specialist or MSK physician/GPSI (with appropriate skills) has assessed the patient and is of the opinion that radicular pain is the most likely diagnosis AND</td>
</tr>
<tr>
<td>The patient has experienced moderate to severe pain (assessed by a pain specialist using a Visual Analogue Pain Scale and impact of pain using Brief Pain Inventory OR locally agreed questionnaire) has been assessed</td>
</tr>
</tbody>
</table>

*If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to NHS Suffolk’s Individual funding request policy for further information.

Repeat Injections**:

In ordinary circumstances*, referral should not be considered unless the patient meets all of the following criteria with a minimum period of 6 months between injections

<table>
<thead>
<tr>
<th>Please tick if criteria met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive response is defined as documented evidence of &gt;50% pain relief for more than 4 months, AND</td>
</tr>
<tr>
<td>Documented evidence of improved function using a validated tool (VAS scale) that can be attributed to the effects of the injection, AND</td>
</tr>
<tr>
<td>The patient has been reviewed by a pain specialist as part of an MDT prior to each injection.</td>
</tr>
</tbody>
</table>

**Patients may receive up to six injections a minimum of 6 months apart provided there has been >50% reduction in symptoms for 4 months and improved function using a validated tool (VAS scale) and documented impact on quality of life as measured by British Pain Inventory or a locally agreed questionnaire

**If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to NHS Suffolk’s Individual funding request policy for further information.

Injections MUST be carried out under radiological guidance.

Version No | Updated by | Date updated |
-------------|------------|-------------|
2.1 | IESCCG Clinical Threshold Service | May 2018 |

NHS No: Page 1 of 2
Consultant use only

Referral criteria is met and the patient will benefit from the proposed treatment: yes / no

Signature…………………………………

Consultant name: ………………………. Please print

Hospital: ………………… Date…………

GP use only

Practice stamp/address

Referring clinician: ………………………

Date: ………………………………………

Commissioner’s use only

Criteria met as per policy: yes / no

Compliance with notes: yes / no

Audit date: …………………………………

Audited by: ……………………………….. Please print

Information Governance Statement for West Suffolk CCG Patients only

All Prior Approval Requests must be reviewed by the clinical commissioning group (CCG) as the statutory body responsible for funding decisions. This application form and other supporting information supplied may be shared with the CCG. If so, personal information will be retained only for the purposes of this Prior Approval Request and, in some cases, may be used for invoicing and payment reconciliation. The patient’s medical records may be used for the purpose of clinical audit which will be completed by a clinician. Anonymised information may also be shared as part of the CCG reporting process.

Does the patient consent to the sharing of their personal information? [Y/N]

Refusal of consent will not preclude application of this referral. However, the referring body must ensure that all personal identifiable data is redacted from this application.