T45: Sacroiliac Joint Injection for the diagnosis of persistent (chronic) back 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

- The patient is part of a comprehensive pain management programme, and all conservative management options (including physiotherapy, guided exercise programmes and pharmacotherapy including analgesia) have been tried and failed AND
- The patient is suffering with non-radicular low back pain, with duration of pain of at least 3 months. AND
- A MDT or pain specialist or MSK physician/GPwSI (with back pain assessment, diagnostic and treatment skills) has assessed the patient and is of the opinion that the SI joint is the most likely cause of the pain AND
- The pain has resulted in a documented moderate to significant impact on daily functioning (a loss of physical function of 50% or greater) AND
- No evidence of contraindications is present for the needle placement and injection of local anaesthetic

*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.

Children aged under 18 years may have diagnostic injections if deemed appropriate by an MDT assessment including both pain specialists, pediatricians and or spinal specialists. The patient must also meet the relevant criteria above. (locally agreed)

Injections are not approved other than for diagnosis.

Patients with a positive diagnosis may be considered for denervation treatment in line with threshold policy T44. A positive diagnosis is considered to be greater than 60% reduction in symptoms for at least 8 weeks (locally agreed)

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Version No | Updated by | Date updated
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2.1 | IESCCG Clinical Threshold Service | May 2018
**Repeat Injections:** Patients may receive up to 2 diagnostic SI injections 1-2 weeks apart

<table>
<thead>
<tr>
<th>In ordinary circumstances*, referral should not be considered unless the patient meets the following criteria.</th>
<th>Please tick if criteria met</th>
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<tbody>
<tr>
<td>The second injection may only be given if the first elicits an indeterminate response (as assessed by the treating pain specialist), and the patient is still being considered for interventional treatment.</td>
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</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.

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### Consultant use only

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

Signature…………………………………..

Consultant name: ………………………

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: ………………………………..

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**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.