THRESHOLD POLICY T42
THERAPEUTIC EPIDURAL INJECTIONS FOR PERSISTANT (CHRONIC) RADICULAR PAIN

Policy author: Ipswich and East Suffolk CCG & West Suffolk CCG, with support from Public Health Suffolk

Policy start date: April 2015
Subsequent reviews April 2017
Next review date: August 2020

1. Eligibility Criteria

2.1 For the purpose of this policy, radicular pain of persistent (chronic) duration is generally considered to last three months or longer.

This policy does not apply to children < 18 years as their treatment is commissioned by NHS England.

Patients with back pain secondary to spinal metastases are exempt from this policy, as it is felt that their clinical condition requires more prompt intervention.

For certain patients who are unable to meet some or all of the inclusion criteria for clinical reasons, AND their clinician believes the procedure will provide significant benefit; an application may be made via IFR or IPA (locally agreed)

Some patients may be eligible to receive this treatment in the acute phase (less than 3 months) in order to enable them to participate with conservative management such as physio. This decision must be reached by specialist MDT including BANS/community pain service (locally agreed)

2.2 Epidural injections are NOT routinely funded for patients with persistent (chronic) non-specific back pain.

Epidural injections (including Transforaminal Epidural Steroid Injection, Interlaminar or Caudal epidural injections) may be funded for the management of persistent (chronic) radicular pain where the following conditions are met:

1. The patient is aged 18 years or over, AND
2. The patient is part of a comprehensive pain management programme and all conservative management options (physiotherapy treatments and guided exercise programmes, pharmacotherapy including analgesia and muscle relaxants) have been tried and failed, AND
3. A MDT or a pain specialist or MSK Physician / GPSI (with back pain assessment, diagnostic and treatment skills) has assessed the patient and is of the opinion that radicular pain is the most likely diagnosis; **AND**

4. Patient experienced moderate to severe pain (assessed by a pain specialist using a Visual Analogue Pain Scale) and the impact of pain (using the Brief Pain Inventory, as per national pain audit **OR** locally agreed questionnaire) has been assessed.

*Repeat Injections*

The patient must meet all the following three criteria to be considered for repeat injections with a minimum period of 6 months between injections:

1. Positive response is defined as documented evidence of >50% pain relief for more than 4 months, **AND**

2. Documented evidence of improved function using a validated tool (VAS scale) that can be attributed to the effects of the injection, **AND**

3. The patient has been reviewed by a pain specialist as part of an MDT prior to each injection.

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)\(^1\) and documented impact on quality of life as measured by British Pain Inventory or a locally agreed questionnaire.

Injections **MUST** be carried out under radiological guidance.

Epidural injections are provided in order to provide temporary pain relief. They can break the cycle of pain and inflammation and allow for conservative treatment, including physiotherapy and guided exercise as part of a comprehensive pain management plan. In this way, the injections can provide benefits that outlast the effects of the steroid itself. The minimum time of 6 months between injections and the maximum number of treatments allowed takes account of this and the need to ensure equity of access to a treatment with a relatively high demand.

2. **Background to the Condition**

3.1 Epidural steroid and/or anesthetic injections are a common treatment option for relief from many forms of low back pain, leg pain and radicular pain originating from the lumbar, cervical and thoracic region in the context of a whole care pathway response.\(^1\) The purpose is twofold: to deliver medication directly to the suspected source of the pain and to control local inflammation that may contribute to the pain. There are three approaches for administering an injection of

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\(^1\) There is little evidence within the systematic reviews to inform us of the expected magnitude or duration of the effect of treatment or the most appropriate interval between treatments. NHS Sheffield state a minimum of 6 months; NHS England do not state a minimum interval.
steroid or anesthetic; through the interlaminar space, via the neuroforamen under fluoroscopic guidance (transforaminal) or through the sacral hiatus at the sacral canal (caudal).  

3.2 There is limited evidence to support the effectiveness of epidural injections for the therapeutic treatment of persistent (chronic) pain in the cervical, thoracic and lumbar spine. Pain relief obtained is usually temporary, often described as between 1 week and 1 year, with review evidence suggesting only short term relief is achieved. The treatment is however supported in guidelines and policies from other areas, when recommended as part of a specialist multidisciplinary pain management plan.

3. References