FACET JOINT INJECTION (MEDIAL BRANCH BLOCK FOR THE DIAGNOSIS OF PERSISTENT (CHRONIC) BACK 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 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.

2.2 This policy does not apply to patients whom a specialist MDT feel have significant co-morbidities that would inhibit their ability to comply with rehabilitation and biopsychosocial pain management (locally agreed)

2.3 Ipswich and East CCG and West Suffolk CCG will fund controlled medial branch blocks, and not controlled intra-articular injections\(^1,2\), for the diagnosis of cervical, thoracic and lumbar spinal pain when all the following criteria are met:

1. The patient is part of a comprehensive pain management programme and all conservative management options (physiotherapy treatments and guided exercise programmes, pharmacotherapy including analgesia) have been tried and failed.

AND

2. The pain has lasted for more than 3 months with no evidence of other pathology on MRI.

AND

3. A MDT or a pain specialist or MSK physician/GPwSI (with back pain assessment, diagnostic and treatment skills) has assessed the patient and is of the opinion that facet joint is the most likely cause of pain.

AND

4. The pain has resulted in documented moderate to significant impact on daily functioning (a loss of physical function of 50% or greater)
AND

5. No evidence of contraindications is present for the needle placement and injection of local anesthetic.

2.4 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)

Repeat injections
1. Patients may receive up to 2 injections in a particular region of the spine (lumbar, cervical and thoracic). 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 radiofrequency denervation.
2. A positive diagnosis is considered to be greater than 60% reduction in symptoms for at least 8 weeks (locally agreed).
3. Patients with a positive diagnosis may be considered for denervation treatment in line with threshold policy T44.

2. Background to the Condition

2.1 The following policy relates to diagnostic facet joint injections only, as part of the assessment for patients with chronic back pain being considered for radiofrequency denervation. NICE guideline 59 supports diagnostic facet joint injections for patient evaluation in this context.

2.2 Facet joints injections as a treatment for chronic back pain are not commissioned. Therapeutic facet joint intra-articular injections are only to be done in the context of either special arrangements for clinical governance and clinical audit or research.

3. References