

THRESHOLD POLICY T44 RADIOFREQUENCY DENERVATION IN THE MANAGEMENT OF PERSISTENT (CHRONIC) BACK PAIN

Policy author:	Ipswich and East Suffolk CCG & West Suffolk CCG, with support from Public Health Suffolk
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Subsequent reviews	April 2017
Next review date:	August 2020

1. Policy Summary

- 1.1 Radiofrequency denervation, also known as radiofrequency facet or sacroiliac joint rhizotomy or facet or sacroiliac neurotomy, involves the application of various types of thermal or radiofrequency energy within the spine which results in the destruction of targeted nerves. Types of radiofrequency denervation considered in the literature include conventional, cooled, bi-polar and pulsed.

2. Eligibility Criteria

- 2.1 This policy does not apply to children <18 years as their treatment is commissioned by NHS England.
- 2.2 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.
- 2.3 Coeliac plexus denervation is not included within the scope of this policy (**locally agreed**)
- 2.4 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**)
- 2.5 Conventional thermal radiofrequency denervation is provided as part of a comprehensive pain management programme coordinated through an MDT.

Conventional thermal radiofrequency denervation of the facet or sacroiliac joint is funded in patients with severe persistent (chronic) pain in the cervical, thoracic, or lumbar spinal regions who meet all of the following criteria:

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. Patient experienced 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) lasting for more than 6 months.
4. Patient's symptoms are not consistent with identifiable pathology including disc herniation, spinal stenosis.
5. Back or neck pain predominates over leg pain or arm pain.
6. Two diagnostic medial branch or intra-articular nerve blocks, provided under a standard protocol, produce symptom relief physiologically consistent with medial nerve branch pathology.

Further criteria:

- For the purposes of this policy, a radiofrequency denervation procedure consists of one or more denervations during a single visit.
- Radiofrequency denervation procedures are limited to two per year per area.
- Radiofrequency denervation procedures beyond two per year per area require medical review and individual funding request.
- Cooled, bipolar and pulsed radiofrequency are not provided.