NHS Dorset
NHS Bournemouth and Poole

NHS BOURNEMOUTH AND POOLE AND NHS DORSET

INTERVENTIONAL PROCEDURES IN THE MANAGEMENT OF SPINAL PAIN POLICY

Websites:
www.dorset.nhs.uk
www.bournemouthandpoole.nhs.uk

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NHS BOURNEMOUTH AND POOLE

AND NHS DORSET

INTERVENTIONAL PROCEDURES IN THE MANAGEMENT OF SPINAL PAIN POLICY

1. INTRODUCTION

1.1 This policy describes the exclusions and access criteria regarding interventional procedures in the management of spinal pain and will be applied in accordance with the Joint Commissioning Policy for Individual Treatment Requests.

1.2 NHS Bournemouth and Poole and NHS Dorset will only support the use of epidurals, facet joint injections and facet joint denervation in the case of clinical need, where the patient meets the access criteria outlined in section 3.

2. DEFINITIONS

Acute Spinal Pain: pain lasting up to three months.

Sub-acute spinal pain: pain lasting between three and six months

Persistent spinal pain: pain which has lasted more than six months

Multidisciplinary Team (MDT): a group of health-care professionals with different areas of expertise who unite to plan and carry out treatment of complex medical conditions.

Patient Global Impression of Change (PGIC) scale:

Original Guy/Farrar - PGIC
Very much improved
Much improved
Minimally improved
No change
Minimally worse
Much worse
Very much worse

3. ACCESS CRITERIA

EPIDURAL INJECTIONS FOR SCIATICA, FEMORALGIA AND SYMPTOMATIC SPINAL STENOSIS

Acute/Sub-acute Pain

3.1 The PCTs will fund cervical, thoracic, and lumbar (interlaminar, transforaminal and caudal) epidural injections only for patients with **ACUTE/SUB-ACUTE** radicular pain when the following criteria have been met:

- The patient has radicular pain consistent with the level of spinal involvement based on clinical assessment;

AND

- The patient is 18 years or above.

AND EITHER

- Symptoms persist despite some non-operative treatment for at least 4 weeks

OR

- Symptoms are severely disabling or have required or are likely to require hospitalisation due to pain and immobility despite maximum tolerated analgesia

3.2 Patients may routinely receive up to three therapeutic injections provided there has been a clinical response, and a further two diagnostic transforaminal injections in patients where surgery is being considered.

3.3 Epidural injections are funded only when provided as part of a comprehensive pain management pathway (including appropriate analgesia, physiotherapy and exercise advice).

Persistent Pain

3.4 The PCTs will fund cervical, thoracic, and lumbar (interlaminar, transforaminal and caudal) epidural injections only for patients with **PERSISTENT** radicular pain when the following criteria have been met:

- The patient has radicular pain consistent with the level of spinal involvement;

AND

- The patient is 18 years or above.

AND

- All conservative management options (exercise, pharmacotherapy including analgesia, anti-inflammatories and psychotropic medication) have been tried and failed.

3.5 Patients may routinely receive up to three injections at least 3 months apart over a one year period provided there has been clinically meaningful improvement when assessed at three months following the injection. Clinically meaningful improvement is defined as a 2 point improvement on a Visual Analogue Score (VAS) or either much improved or very much improved on the Patient Global Impression of Change (PGIC).

3.6 Epidural injections are funded only when provided as part of a comprehensive pain management pathway as defined below.

3.7 Additional epidural injections will not normally be funded other than in a sub-group of patients for whom long-term epidural treatment may be a cost-effective option and where patients meet the following criteria:

- There is clinically meaningful improvement when assessed at three months following injection (2 point improvement on a VAS or either much improved or very much improved on the PGIC), and this enables patients to demonstrate significant improvement in function in relation to activity of daily living e.g. Improvement in Oswestry Disability Index >8, or Roland Morris Disability Questionnaire >5.

AND

- Patients have demonstrated commitment to a comprehensive pain management plan including: increased fitness through exercise and physiotherapy; lifestyle changes (such as weight loss, diet control, avoidance of illicit drugs and alcohol, and improvement in sleep patterns); managing mood and mental health; and improved engagement in activities of daily living and purposeful occupation where appropriate

AND

- Surgery is not the preferred option.

AND

- The decision to continue treatment with epidurals has been discussed and agreed at a MDT meeting.

3.8 For this sub-group of patients the PCTs will fund a maximum of two epidurals per year whilst they continue to fulfil the criteria above.

THERAPEUTIC FACET JOINT INJECTIONS

3.9 The PCTs will fund either medial branch blocks or intra-articular facet joint injections for the management of cervical, thoracic and lumbar spinal pain when the following criteria are met:

- The pain has resulted in moderate to significant impact on daily functioning;

AND

- All conservative management options (exercise, pharmacotherapy including analgesia, anti-inflammatories and psychotropic medication) have been tried and failed.

3.10 Facet joint injections are funded only when provided as part of a comprehensive pain management pathway as defined below.

3.11 The patient may receive up to three injections over a one year period provided there has been clinically meaningful improvement when assessed at three months following the injection. Clinically meaningful improvement is defined as a 2 point improvement on a Visual Analogue Score (VAS) or either much improved or very much improved on the Patient Global Impression of Change (PGIC).

3.12 Patients who have clinically meaningful benefit on two consecutive occasions as defined above should be considered for a facet joint denervation.

3.13 The PCTs will continue to fund facet joint injections in a defined clinical sub-group of patients when the following criteria have been met:

- All possible alternative approaches have been tried and have failed

AND

- Patients have demonstrated commitment to a comprehensive pain management plan including: increased fitness through exercise and physiotherapy; lifestyle changes (such as weight loss, diet control, avoidance of illicit drugs and alcohol, and improvement in sleep patterns); managing mood and mental health; and improved engagement in activities of daily living and purposeful occupation where appropriate

AND

- The decision to continue treatment with facet injections has been discussed and agreed at a MDT meeting.

FACET JOINT DENERVATION OF LUMBAR AND CERVICAL FACET JOINTS

3.14 The PCTs will fund facet joint denervation of the medial branch of the dorsal rami of the lumbar and cervical facet joints (medial branch neurotomy) in the following circumstances:

- Patients aged over 18.

AND

- The patient has non-radicular lumbar (all levels) and/or cervical (C3-4 and below) facet joint pain.

AND

- Failure of one year of non-invasive therapy, such as medication and physiotherapy.

AND

- Radiological imaging has been done to rule out any correctable structural lesion e.g. MRI.

AND

- Patients have had clinically meaningful improvement when assessed at three months following a facet joint injection on two occasions. Clinically meaningful improvement is defined as a 2 point improvement on a Visual Analogue Score (VAS) or either much improved or very much improved on the Patient Global Impression of Change (PGIC).

3.15 Facet joint denervation is funded only when provided as part of a comprehensive pain management pathway. All procedures must be performed und er fluoroscopy (x-ray guidance).

3.16 The PCTs will not fund laser denervation.

3.17 The PCTs will fund facet denervation at up to three levels on one occasion. PCTs will not fund re-treatment at the same location unless at least twelve months have elapsed since prior treatment.

3.18 Evidence of the effectiveness of the treatment of facet joint pain associated with a neurological deficit, radiculopathy or overt disc herniation, metastatic diseases, patients awaiting back surgery or patients with multiple, focal or chronic pain syndromes is limited due to the exclusion criteria of clinical trials, and treatment will not routinely be funded.

CASES FOR INDIVIDUAL CONSIDERATION

3.1 Should a patient not meet the policy criteria, the Joint Commissioning Policy for Individual Treatment Requests (which is available on the NHS Bournemouth and Poole and the NHS Dorset websites or upon request), recognises that there will be occasions when patients who are not considered for funding may have good clinical reasons for being treated as exceptions. In such cases the requesting clinician must provide further information to support the case for being considered as an exception.

3.2 The fact that treatment is likely to be effective for a patient is not, itself a basis for exceptional circumstances. In order for funding to be agreed there must be some unusual or unique clinical factor in respect of the patient that suggests that they are:

- significantly different to the general population of patients with the particular condition; and

- They are likely to gain significantly more benefit from the intervention than might be expected for the average patient with the condition.

4. AUDIT

4.1 Audit will be conducted on a prospective basis annually for a period of one month. Providers will be required to collect a dataset on every interventional procedure undertaken during this period of time to demonstrate compliance with the policy.

5. REVIEW

5.1 This is policy version 1.0

5.2 Agreed January 2011

5.3 Review by April 2014