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| **Policy:** | **Facet Joint Injections for Neck and Back Pain** | | | **GM Ref:** | **GM070** |
| **First issue date:** | **July 2016** | **Current version:** | **2.0** | **Last reviewed:** | **July 2017** |

## Policy inclusion criteria

### New Patients: Lumbar

Facet joint injections are commissioned for patients who meet the following criteria:

- The back pain has been present for more than 1 year and all chronic pain management pathways have failed

**AND**

- the main source of pain is thought to come from structures supplied by the medial branch nerve

**AND**

- they have moderate or severe levels of localised back pain (rated as 5 or more on a visual analogue scale, or equivalent) at the time of referral

**AND**

- there is no other treatment option available for the patient (i.e. non-surgical treatment has not worked for them)

**OR**

- alternative treatments such as analgesic medication are intolerable or produce undesirable side effects

**OR**

- the patient has demonstrated failure to respond to, or had a loss of response to, other treatment options

**OR**

- other treatment options are contraindicated and this is clearly documented

**Wherever possible patients should be encouraged to:**

- participate in mobilisation or rehabilitation therapy
- take effective pain relief medication
- where indicated (and where it is available) be referred for weight management support

If new patients gain relief from facet joint injections **and** are suitable for radiofrequency denervation **and** have a positive response to facet joint injections they should be referred for radiofrequency denervation.

#### Funding Mechanism

Individual prior approval for 2 injections per year provided the patient meets the above criteria. Requests must be submitted with all relevant supporting evidence.

If the patient does not meet the criteria: an individual funding request can be made if there is a good case for clinical exceptionality. Requests must be submitted with all relevant supporting evidence.

### New Patients: Thoracic

Facet joint injections are commissioned provided:

- the criteria for 'New Patients: Lumbar' is met

**AND**

- all other treatment options have been exhausted

**AND**

- the risks of facet joint injections have been fully explained to the patient.

Repeat facet joint injections may be given for patients requiring injection into thoracic facet joints but treatment is limited to no more than 2 injections a year. The interval between injections should be at least 6

months but ideally be no more frequent than 8-12 month intervals.

**Funding Mechanism**

Individual prior approval for 2 injections per year provided the patient meets the above criteria. Requests must be submitted with all relevant supporting evidence.

If the patient does not meet the criteria: an individual funding request can be made if there is a good case for clinical exceptionality. Requests must be submitted with all relevant supporting evidence.

## New Patients: Cervical

Facet joint injections are commissioned provided:

- all other treatment options have been exhausted

**AND**

- the risks of facet joint injections have been fully explained to the patient.

Repeat facet joint injections may be given for patients requiring injection into cervical facet joints but treatment is limited to no more than 2 injections a year. The interval between injections should be at least 6 months but ideally be no more frequent than 8-12 month intervals.

**Funding Mechanism**

Individual prior approval for 2 injections per year provided the patient meets the above criteria. Requests must be submitted with all relevant supporting evidence.

If the patient does not meet the criteria: an individual funding request can be made if there is a good case for clinical exceptionality. Requests must be submitted with all relevant supporting evidence.

## New Patients: Sacroiliac

If sacroiliac joint pain is elicited using a provocation test - patients should be referred for minimally invasive sacroiliac joint fusion in line with NICE IPG578.

Extract from NICE IPG578 for ease of reference:

*'1.1 Current evidence on the safety and efficacy of minimally invasive sacroiliac (SI) joint fusion surgery for chronic SI pain is adequate to support the use of this procedure provided that standard arrangements are in place for clinical governance, consent and audit.*

*1.2 Patients having this procedure should have a confirmed diagnosis of unilateral or bilateral SI joint dysfunction due to degenerative sacroiliitis or SI joint disruption.*

*1.3 This technically challenging procedure should only be done by surgeons who regularly use image-guided surgery for implant placement. The surgeons should also have had specific training and expertise in minimally invasive SI joint fusion surgery for chronic SI pain.'*

**Funding Mechanism**

Individual prior approval provided the patient meets the above criteria. **NOTE:** Clinicians must provide evidence of the result of the provocation test **OR** evidence of degenerative sacroiliitis.

## Current Patients

Facet joint injections will continue to be commissioned for existing patients provided there is a demonstrable improvement in quality of life measures following each treatment. This should be assessed using a validated research tool.

Treatments should only continue where alternative treatments such as analgesic medication are intolerable or produce undesirable side effects, such as unsteadiness in the elderly.

If treatment with facet joint injections has been successful on more than two occasions, then suitable

individuals should be referred for radiofrequency denervation.

However if an individual is considered to be unsuitable for radiofrequency denervation for reasons including but not limited to:

- The presence of comorbidities that contraindicate radiofrequency denervation
- Access or other anticipated mechanical difficulties in the delivery of radiofrequency denervation
- Inability of the patient to adopt or maintain the required position for the safe delivery of radiofrequency denervation

Then facet joint injections can be continued provided that treatment is limited to no more than 2 injections a year. The interval between injections should be at least 6 months but ideally be no more frequent than 8-12 month between FJIs.

Facet joint injections should **not** be administered if at least one of the following apply:

- there is evidence of a local or systemic infection
- the patient is receiving substantial therapeutic or constitutional anticoagulation
- the patient is unwilling or is demonstrating a lack of cooperation

All patients who are suitable for radiofrequency denervation should be referred after 2 successful facet joint injections **OR**, where the diagnosis is clear and a single facet joint injections supports the diagnosis, patients may be referred following 1 injection.

**Funding Mechanism**

Monitored approval: but it will be expected that patients will have no more than 2 injections per year. Referrals may be made in line with the criteria without seeking funding. **NOTE:** May be the subject of contract challenges and/or audit of cases against commissioned criteria.

## Diagnostic Facet Joint Injections

Commissioned for patients being assessed for radiofrequency denervation.

**Not** commissioned for any other diagnostic use.

**Funding Mechanism**

Patients being assessed for radiofrequency denervation: Individual prior approval in line with the GM Radiofrequency Denervation for Back Pain. Requests must be submitted with all relevant supporting evidence. **NOTE: Patients given prior approval for 2 diagnostic injections will be considered to have prior approval for radiofrequency denervation if the response to both injections is positive.**

Any other diagnostic use of facet joint injections: Individual funding request (exceptional case) approval: Requests must be submitted with all relevant supporting evidence.

## Policy exclusions

Treatment/procedures undertaken as part of an externally funded trial or as a part of locally agreed contracts / or pathways of care are excluded from this policy, i.e. locally agreed pathways take precedent over this policy (the EUR Team should be informed of any local pathway for this exclusion to take effect).