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Policy:	**Radiofrequency Denervation for Back Pain**			**GM Ref:**	**GM004**
First issue date:	**July 2016**	**Current version:**	**2.0**	**Last reviewed:**	**July 2017**

Policy inclusion criteria

Radiofrequency denervation is commissioned if the provider is using thermo-coagulation radiofrequency denervation and this is undertaken by experienced clinicians using the correct technique within an environment suitable for delivery of this procedure, and all appropriate back up is available.

Pulsed radiofrequency denervation will **not** be commissioned from new providers (i.e. new contracts post-dating the adoption of this policy). Existing providers may continue to use pulsed radiofrequency denervation, at the clinician's discretion, provided they can prove their outcomes are equivalent to those providers using thermo-coagulation radiofrequency denervation. When equipment is replaced or updated we would expect the provider to move to thermo-coagulation radiofrequency denervation.

NOTE: Patients who have had prior approval for double diagnostic or medial branch blocks are considered to already have prior approval for radiofrequency denervation if the response to both injections is positive.

Prior to consideration for radiofrequency denervation the patient should:

- have previously engaged with and complied with the advice / treatments advised by specialist pain management services
- have a history of chronic, function-limiting pain of at least 12 months duration
- have undergone a diagnostic medial branch block which provided between 75-100% improvement in pain
- have used the period of pain relief (from the diagnostic FJI) to undergo rehabilitation in close co-operation with other specialities unless clinically contraindicated

Radiofrequency denervation is commissioned for individuals who meet the following criteria:

- non-surgical treatment has not worked for them i.e. the patient has demonstrated failure to respond to, or had a loss of response, to other treatment options

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

- it is only being performed in patients with chronic low back pain after a positive response to a diagnostic medial branch block

OR

- other treatment options are contraindicated and this is clearly documented

NOTE: Do not offer imaging for people with low back pain with specific facet join pain as a prerequisite for radiofrequency denervation.

Patients should not have radiofrequency denervation if:

- they are pregnant or breast feeding
- there are any comorbidities present that contraindicate radiofrequency denervation
- they are unable to be positioned in the correct way prior to treatment

Following radiofrequency denervation and where clinically appropriate:

The patient should be referred for and participate in active rehabilitation. In addition, 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

Funding Mechanism

Individual prior approval provided the patient meets the above criteria. Requests must be submitted with all relevant supporting evidence.

NOTE: Where individual prior approval has already been given for diagnostic facet joint injection(s), in those cases individuals are already considered to have prior approval for radiofrequency denervation provided the injection(s) gave a positive response.

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.

Repeat Radiofrequency Denervation

Patients requiring a second **or** subsequent repeat treatment with radiofrequency denervation will need prior approval for funding of this treatment. Requests should include details of the following:

- A clear statement as to why previous radiofrequency denervation failed and steps to be taken to avoid subsequent failure of radiofrequency denervation

OR

- A statement as to why the repeat treatment is necessary if the initial treatment was considered effective - to include the degree of pain relief gained and length of time the initial radiofrequency denervation was effective for.

Repeat radiofrequency denervation should **not** be considered if the initial benefit was for less than 16 months (NICE NG59 Cost-Effectiveness and National Back Pain and Radicular Pain Pathway).

Funding Mechanism

Individual prior approval 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.

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).