Lumbar Back Pain Interventions Prior Approval Policy

NHS Corby Clinical Commissioning Group

NHS Nene Clinical Commissioning Group

Pathway

Lumbar back pain interventions, specifically: lumbar epidurals, medial branch blocks and medial branch radiofrequency denervation.

Exclusions

- Ø Serious spinal pathology, for example, neoplasms, infections or osteoporotic collapse.
- Ø Inflammatory causes of back pain, for example, ankylosing spondylitis.
- Ø Neurological disorders including cauda equina syndrome or mononeuritis.
- Ø Adolescent or other symptomatic scoliosis.
- Ø Congenital condition of lumbar spine
- Ø Spondylolisthesis.
- Ø Pregnancy-related back pain.
- Ø Sacroiliac joint dysfunction.
- Ø Adjacent-segment disease.
- Ø Failed back surgery syndrome.
- Ø Osteoarthritis with spinal stenosis.

Commissioned

A. Lumbar Epidural for acute radicular pain up to a maximum of 2 procedures per episode providing **ALL** the following criteria apply:

1. A back specialist has assessed the patient and considers them suitable for the procedure;
2. Onset of new acute symptoms within the last 6 months;
3. Symptoms remain disabling despite appropriate medical management;
4. Radicular pain is consistent with the level of spinal involvement seen on imaging;
5. Procedure is followed by a programme of mobilisation and rehabilitation.

B. Lumbar Medial Branch Radiofrequency Denervation up to a maximum of 3 denervations over a 3-year period providing **ALL** the following criteria apply:

1. A back or pain specialist has assessed the patient and considers them suitable for the procedure;
2. A preliminary diagnostic medial branch block resulted in a significant reduction in pain and corresponding improvement in function;
3. The denervation achieved results at least as good as the diagnostic block with improved function and quality of life persisting for at least 6 months;
4. Procedure is followed by a programme of mobilisation and rehabilitation.

Not Funded

1. Facet joint injections for low back pain even in the presence of radicular pain.
2. Epidural steroid injections for chronic low back pain in the absence of acute radicular pain.
3. Epidural steroid injections for neurogenic claudication in patients with central spinal canal stenosis.
4. Medial branch blocks other than when used for diagnostic purposes prior to radiofrequency denervation.
5. Trigger point injections with any agent, including botulinum toxin.
6. Intradiscal therapy, prolotherapy or any other spinal injections not specifically covered above.
7. Interventions as stand-alone treatments which are not part of a rehabilitation programme.

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Rationale
▪ **Evidence-Based Interventions**: Response to the public consultation and next steps. Published by NHS England in partnership with NHS Clinical Commissioners, the Academy of Medical Royal Colleges, NHS Improvement and the National Institute for Health and Care Excellence November 2018. ▪ Alternative and less invasive options have been shown to work and are suggested in line with the National Back Pain Pathway e.g. exercise programmes, behavioural therapy, and attending a specialised pain clinic. ▪ Epidurals (local anaesthetic and steroid) should be considered in patients who have acute and severe lumbar radiculopathy at time of referral. ▪ NG59 recommends the following approach for non-surgical invasive treatments for low back pain and sciatica: a) Do not offer spinal injections for managing non-specific low back pain. b) Consider referral for assessment for radiofrequency denervation for people with non-specific low back pain when non-surgical treatment has not worked for them 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. c) Only perform radiofrequency denervation in people with non-specific low back pain after a positive response to a diagnostic medial branch block.
Cohort
Adults.
Equality
Compliant with the Equality Act 2010.
Status
RED as defined in the Prior Approval Scheme Policy.
OPCS codes
Non-specific low back pain The appearance of one of the following non-specific low back pain ICD codes in the primary diagnosis field alongside an OPCS procedure code means that under this policy the intervention will not be funded. M5455, M5456, M5457, M5458, M5495, M5496, M5497, M5498
Epidurals for radicular low back pain A52.1 OR A52.2 The following ICD 10 codes all relate to radicular low back pain and are required to be in primary diagnosis field. M4725, M4726, M4727, M4728, M511, M5415, M5416, M5417, M5418, M5435, M5436, M5437, M5438, M5445, M5446, M5447, M5448, G551, G552, G553
Lumbar medial branch radiofrequency denervation V48.5 Radiofrequency controlled thermal denervation of spinal facet joint of lumbar vertebra

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Version History	
Facet joint injections are no longer funded. Lumbar epidurals are recommended for acute episodes of radicular pain but not for chronic sciatica. July 5th 2019v2 Lumbar medial branch radiofrequency denervation code changed	
Authorised	
April 2019	
Review	
April 2024 Earlier if new evidence published by NICE or other authoritative body.	

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