Facet Joint Injections

Policy Statement:

No more than 2 injections will be funded in a 1 year period.

The CCG will fund facet joint injections when the following criteria are met:

- The pain has lasted more than 12 months in duration
  AND
- The pain has resulted in moderate to significant impact on daily functioning or has pain rated at a level >6 on a scale of 0-10 (e.g. Pain visual analogue score/McGill Pain questionnaire)
  AND
- Conservative management options (advice to remain active/ physiotherapy/ exercise/appropriate pharmacotherapy) have been tried and failed
  AND
- Must have been reviewed by a clinician specially trained in spinal assessment, diagnosis and management who considers that this treatment would enable mobilisation and/or participation in a rehabilitation programme.
  OR
- Patient cannot tolerate medications and pain is significantly impacting on quality of life and activities of daily living.

Repeat medial branch block or intra-articular facet joint injections are only permitted in patients who had a >50% reduction in pain which lasted for at least 6 months and where all other therapeutic options have been exhausted. Where the medial branch block is for diagnostic purposes there is no requirement to wait 6 months between each medial branch block and should be determined as clinically appropriate.

Rationale:

Overall, the evidence in support of facet joint injections is inconclusive largely due to the paucity of good quality studies. However there does appear to be moderate evidence of effectiveness for the intra-articular steroids and local anaesthetic injections for relief of chronic back and neck pain. In addition local clinical experience suggests that these procedures may be of therapeutic value in the management of chronic spinal pain in carefully selected patients.

There is therefore a potential role in clinical practice for a select group of patients to benefit from the intervention.

Plain English Summary:
Facet joints are small flat joints located on both sides of the vertebrae where they overlap with neighbouring vertebrae and provide stability and mobility allowing the spine to bend and twist.

Facet joints are a common source of chronic spinal pain. Facet joint pain is responsible for spinal pain in 15-45% of patients with low back pain, 36-67% of people with neck pain and 34-48% of people with thoracic pain.

Clinical assessment and radiological investigations are unreliable in diagnosing the facet joints as the source of back pain. Local anaesthetic blocks (numbing agents) are required to make the diagnosis. These blocks may be either intra-articular facet joint injections (local anaesthetic applied into the facet joint capsule) or medial branch blocks (local anaesthetic applied close to the medial branch of the dorsal primary ramus (nerve which supplies the facet joint).

Clinical experience suggests that these procedures may be of therapeutic value in the management of chronic spinal pain in carefully selected patients. Specialist Pain clinicians in Gloucestershire all concur that these procedures should be considered as part of and to facilitate rehabilitation, to provide a “window of opportunity” of pain relief for patients to improve mobilisation and function. The criteria described in the policy are designed to ensure that these injections are offered to the right patients, who have potential to benefit as part of a rehabilitative programme.

Evidence base:


http://www.britishpainsociety.org/mbb.pdf


van Wijk RM, Geurts JW, Wynne HJ et al. Radiofrequency denervation of lumbar facet joints


Chou R, Huffman L, Guideline for the evaluation and Management of low back pain Evidence Review. American pain Society, Publisher Glenview

Link to application form – Prior Approval Application form
For further information please contact GLCCG.IFR@nhs.net

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<tr>
<th>Date of publication</th>
<th>12th October 2015</th>
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<td>Policy review date</td>
<td>October 2017</td>
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### Consultation

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<tr>
<th>Consultee</th>
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<tr>
<td>MSK Clinical Programme Group</td>
<td>7th July 2015</td>
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<td>GHNHSFT (via CPG)</td>
<td>7th July 2015</td>
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<tr>
<td>GP Membership (via CCG Live/What’s New This Week)</td>
<td>10th July – 7th August 2015</td>
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Has the consultation included patient representatives? Yes (via CPG and ECCP membership)

### Policy sign off

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<tr>
<th>Reviewing Body</th>
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<tr>
<td>Effective Clinical Commissioning Policy Group</td>
<td>3rd August 2015</td>
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<td>Integrated Governance and Quality Committee</td>
<td>20th August 2015</td>
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