Radiofrequency denervation

| Commissioning decision | The CCG will provide funding for radiofrequency denervation for patients who meet the criteria defined within this policy. Funding approval for eligible patients must be sought from the CCG via the Prior Approval process prior to treatment. |

Policy Statement:
If a patient has a good response to 2 medial branch blocks then radiofrequency denervation will be funded by the CCG if the following criteria are met:

- There is at least 50% documented improvement in back pain during activities which normally generate back (or neck) pain following two sets of diagnostic local anaesthetic blocks as assessed using a validated tool (e.g. Pain Visual Analogue Score).

A radiofrequency procedure will be considered successful in those patients who experience a documented improvement in back (or neck) pain of at least 50% following procedure when this is accompanied by an ≥50% improvement in those aspects of function previously limited by back (or neck) pain as assessed by a validated tool (e.g. McGill Pain Questionnaire, Pain Visual Analogue Score, Brief Pain Inventory).

If back (or neck) pain returns as before, a repeat radiofrequency procedure may only be offered to those patients with a previous successful response (as above) if the benefits of the procedure lasted for at least 6 months.

Repeat radiofrequency denervation is only permitted at a minimum interval of 12 months. Therefore, those patients who consistently experience less than 12 months relief following two radiofrequency procedures will not be offered further radiofrequency treatment.

Rationale:
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, and in this context can be valuable in facilitating the management of these patients.

Plain English Summary:

Pain from the small (facet) or large (sacro-iliac) joints of the spine is transmitted through very fine nerves. Radiofrequency denervation or rhizolysis is a special form of intervention which aims at the nerves of the joints and not the joints themselves. By creating a heat lesion, the nerves that supply the affected joints of the spine stop transmitting pain and this may help reduce symptoms for longer than injection with local anaesthetic and steroid.

The procedure is most likely to be effective in patients that have responded well to medial branch block injections previously, and may offer longer term relief from pain than other
Policy Category:
CBA&PA
Who usually applies for funding?
Cons interventions.

If your doctor believes that you meet the criteria set out in this policy they can submit a Prior Approval application to the CCG in order to seek funding approval for your surgery. The CCG will review your case and if we agree that the criteria have been met we will authorise funding.

Evidence base:

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


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

Similar to policies in North Staffordshire, Birmingham and Solihull, and Herefordshire.
Policy Category:
CBA&PA

Who usually applies for funding?
Cons

Link to application form – Prior Approval Application Form (Insert link)
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**

<table>
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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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<tr>
<td>Integrated Governance and Quality Committee</td>
<td>20th August 2015</td>
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