

Spinal Injections for Low Back Pain and Radicular Leg Pain

BEFORE providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate **EXPLICIT CONSENT** for sensitive and personal information on this form to be passed to the Funding Team/CCG/CSU for processing.

Consent given: Yes

Please ensure a secure NHSmail email account (nhs.net) is used to submit this form.

Patient First name		Patient Surname		Hospital	
NHS No.		Date of Birth		Consultant	
GP F-code		CCG		UBRN	
Hospital No.		Referrer			

Additional information

Please submit completed form to the following email address:

bbccg.mseccg-funding@nhs.net

A decision will be made and the form returned within **3 working days** where all relevant information is provided.

N.B: Please ensure forms are clear and legible. Illegible forms will be returned to sender.

Epidural, sacro-iliac and nerve root injections for radicular leg pain (caudal epidural, lumbar epidural, transforaminal epidural or nerve root injections) will only be funded in accordance with the criteria specified below. Nerve root injections should only be performed under imaging.		Please tick ✓
Patients can only be referred for funding if they meet <u>TWO</u> of the following sets of criteria. Please indicate that the patient meets either <u>A + C</u> or <u>B + C</u> Please complete side and level box below		
A	<ul style="list-style-type: none"> The patient has radicular leg pain (below the knee for lower lumbar herniation, into the anterior thigh for upper lumbar herniation) consistent with the level of spinal involvement. 	
<u>OR</u>		
B	<ul style="list-style-type: none"> There is evidence of nerve-root irritation with a positive nerve-root tension sign (straight leg raise-positive between 30° and 70° or positive femoral tension sign). 	
<u>AND</u>		
C	<ul style="list-style-type: none"> Moderate to severe and persistent radicular leg pain despite participation in comprehensive back pain programme (e.g. analgesia, physical therapy, modified activity, etc). 	

Please tick which side requires procedure (please state which level) for injections above

LEFT

RIGHT

LEVEL

Under these circumstances, a total of **up to two injections** will be funded per episode. The interval between two injections must be at least 6 months. Individual prior approval is required for each injection.

Diagnostic Assessment

Medial branch blocks are only commissioned for diagnostic assessment when **one procedure will be funded for one particular level/side** in each patient being assessed for radiofrequency denervation/surgical management of chronic spinal pain e.g. neck pain; low back pain; leg pain. Patients must have had the pain for more than one year and other conventional options have failed to resolve the pain (oral analgesics and physiotherapy)

Progression to Medial Branch Block Radiofrequency Denervation will only be commissioned (funded) where there is evidence of pain relief of $\geq 80\%$ at time of the medial branch block injection and the pain starts to recur within 72 hours.

Please tick which side requires procedure (please state which level)

LEFT

RIGHT

LEVEL

Please supply information clearly evidencing the criteria above:

Radiofrequency denervation (rhizolysis)

The procedure called 'radiofrequency denervation' involves sealing off some of the nerves to the joints of the spine to stop the nerves transmitting pain signals. It aims to achieve longer-term pain relief and allow rehabilitation in people with spinal pain who experience significant but short-term relief after a diagnostic block by injection of local anaesthetic.

Patients can only be referred for funding if they meet ALL of the following criteria. Please indicate that the patient meets all criteria:

Please tick
✓



AND	<ul style="list-style-type: none"> Comprehensive non-surgical treatment including community pain pathway has not been successful 	
AND	<ul style="list-style-type: none"> The main source of pain is thought to come from structures supplied by the medial branch nerve 	
AND	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Positive response to a diagnostic medial branch block 	
	<ul style="list-style-type: none"> The interval to the last radiofrequency denervation (in the same location) must be at least 12 months 	

The following are not funded:

- Therapeutic spinal injections are **not funded** for the treatment of non-specific low back pain. These include:
 - Facet joint injections
 - Medial branch blocks
 - Intradiscal therapy
 - Prolotherapy
 - Trigger Point Injections
- Epidural, sacro-iliac and nerve root injections are **not funded** for the treatment of **non-specific low back pain**.
- Epidural injections are **not recommended or funded** for neurogenic claudication caused by central spinal canal stenosis.

CCG USE:	Invoice ref:	Prior Authorisation requested by:	
Is the procedure approved or declined?		Name of Clinician	
Please indicate:			
Name		Contact number	
Signature		Date	
Date			