Interim Clinical Commissioning Policy: Therapeutic Spinal Injections for Pain Related to the Lumbar Spine
Agreed: November 2013
Ref: N-SC/030
The set of non-specialised commissioning policies have been agreed by NHS England's Clinical Priority Advisory Group (CPAG) and approved by the Directly Commissioned Services Committee (DCSC) as interim policies for those populations we directly commission services for (namely the Serving Armed Forces & some families and those in detained settings).

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Interim Clinical Commissioning Policy

Therapeutic Spinal Injections for Pain Related to the Lumbar Spine

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Policy Statement

NHS England will commission Therapeutic Spinal Injections for Pain Related to the Lumbar Spine in accordance with the criteria outlined in this document.

In creating this policy NHS England has reviewed this clinical condition and the options for its treatment. It has considered the place of this treatment in current clinical practice, whether scientific research has shown the treatment to be of benefit to patients, (including how any benefit is balanced against possible risks) and whether its use represents the best use of NHS resources.

This policy document outlines the arrangements for funding of this treatment for patients where NHS England directly commissions this service.

Equality Statement

NHS England has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as enshrined in the Health and Social Care Act 2012. NHS England is committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. In carrying out its functions, NHS England will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010. This document is compliant with the NHS Constitution and the Human Rights Act 1998. This applies to all activities for which they are responsible, including policy development, review and implementation.

Plain Language Summary

Spinal injections are used in two ways. First, they can be performed to diagnose the source of back or neck pain (diagnostic). Second, spinal injections are used as a treatment to relieve pain (therapeutic).

1. Introduction

Therapeutic Spinal Injections are regarded as a procedure of low clinical priority and therefore not routinely funded by the Commissioner.

NB. This policy addresses therapeutic use of spinal injections. It does not address diagnostic indications.
2. Criteria for commissioning

Surgical treatment will only be commissioned by NHS England for patients meeting criteria set out below.

(1) Any spinal therapeutic injection for patients with chronic pain

- Injections of therapeutic substances for pain related to the lumbar spine are not routinely commissioned for patients with chronic non-specific back pain.

The Commissioner will:

- Commission spinal therapeutic injections for chronic radicular pain only where recommended as part of a specialist multidisciplinary pain clinic management plan

AND

- A programme of conservative management has been unsuccessful or is not possible due to coexisting physical or mental illness or frailty.

Conservative management must include the following from an NHS England commissioned service: advice and information on back pain management; group or customized exercise programme and where appropriate (according to specialist reassessment) manual therapy, acupuncture or hydrotherapy.

On referral to the specialist multidisciplinary pain clinic, patients must be informed that the referral is for assessment and development of a pain management plan. Patients should not be under the impression that the decision to provide an injection has already been made or that repeat injections are routinely available.

(2) Therapeutic epidural injections, sacroiliac injections and nerve root blocks in patients with acute episodes of pain (including acute on chronic)

Commissioning of single injections is restricted to the following indications:

- The patient needs urgent relief of severe acute spinal pain.

OR

- A specialist pain clinician judges that a single injection is necessary and appropriate to enable participation in a conservative pain management programme.

OR

- The patient is unable to participate effectively in conservative pain management due to coexisting physical or mental illness or frailty.

Repeat injections should not be routinely provided as there is a lack of high quality supporting evidence for long term pain relief and clinical advice suggests diminishing returns with increased risk of adverse events.

Repeat injections are commissioned:
• If a specialist pain clinician taking account of multi-disciplinary team assessment, concludes that benefits outweigh harms:

AND

• The patient has been clinically assessed as having had a substantial and sustained benefit from their first injection;

AND

• The patient has been assessed as continuing to be unable to benefit from conservative management;

On referral to the specialist multidisciplinary pain clinic, patients must be informed that the referral is for assessment and development of a pain management plan. Patients should not be under the impression that the decision to provide an injection has already been made or that repeat injections are routinely available.

Therapeutic facet joint injections and medial branch blocks are not routinely commissioned.

Facet joint injections are only commissioned:

• For diagnostic assessment, only in patients being assessed for surgical management of chronic spinal pain.

**The clinician proposing this intervention will make the decision to treat based on the criteria set out above.**

If the patient does not fully meet this criteria the clinician may submit an application for exceptional funding


An annual audit will be completed to confirm that patients have been treated in accordance with these criteria.

3. Evidence Base

This procedure is considered to be of limited clinical value