GM Policy:	Facet Joint Injections for Neck and Back Pain		
GM Ref:	GM070	Current version:	3.1 (1 August 2019)
GM EUR Team:	0161 290 4901 / gmifr.gmcsu@nhs.net		

Policy exclusions **(Alternative commissioning arrangements apply)**

Treatment/procedures undertaken as part of an externally funded trial or as a part of locally agreed contracts / or pathways of care are excluded from this policy, i.e. locally agreed pathways take precedent over this policy (the EUR Team should be informed of any local pathway for this exclusion to take effect).

Policy inclusion criteria

Wherever possible patients should be encouraged to:

- participate in mobilisation or rehabilitation therapy
- take effective pain relief medication
- where indicated (and where it is available) be referred for weight management support

New patients: Lumbar

Facet joint injections for low back pain are no longer commissioned – medial branch block is the diagnostic tool of choice.

All patients who are suitable for radiofrequency denervation should be referred following a successful diagnostic medial branch block. See: GM046: Treatment of low back pain with or without sciatica for details.

Funding Mechanism

GMEURSG recommendation: Clinicians can submit an individual funding request outside of this guidance if they feel there is a good case for clinical exceptionality. Requests must be submitted with all relevant supporting evidence.

Current patients having repeat lumbar facet joint injections

Facet joint injections for low back pain are no longer commissioned.

All patients who are suitable for radiofrequency denervation should be considered for a diagnostic medial branch block. See: GM046: Treatment of low back pain with or without sciatica for details.

NOTE: Facet joint injections should **not** be requested if any of the following apply:

- there is evidence of a local or systemic infection
- the patient is receiving substantial therapeutic or constitutional anticoagulation
- the patient is unwilling or is demonstrating a lack of cooperation

Funding Mechanism

GMEURSG recommendation: Clinicians can submit an individual funding request outside of this guidance if they feel there is a good case for clinical exceptionality. Requests must be submitted with all relevant supporting evidence.

New patients: Thoracic

Facet joint injections for upper back pain are no longer commissioned.

NOTE: Facet joint injections should **not** be requested if any of the following apply:

- there is evidence of a local or systemic infection
- the patient is receiving substantial therapeutic or constitutional anticoagulation
- the patient is unwilling or is demonstrating a lack of cooperation

Funding Mechanism

GMEURSG recommendation: Clinicians can submit an individual funding request outside of this guidance if they feel there is a good case for clinical exceptionality. Requests must be submitted with all relevant supporting evidence.

New patients: Cervical

Facet joint injections for neck pain are no longer commissioned.

NOTE: Facet joint injections should **not** be requested if any of the following apply:

- there is evidence of a local or systemic infection
- the patient is receiving substantial therapeutic or constitutional anticoagulation
- the patient is unwilling or is demonstrating a lack of cooperation

Funding Mechanism

GMEURSG recommendation: Clinicians can submit an individual funding request outside of this guidance if they feel there is a good case for clinical exceptionality. Requests must be submitted with all relevant supporting evidence.

New patients: Sacroiliac

Links to: GM046: Treatment of low back pain with or without sciatica

Facet joint injections are **NOT** commissioned for sacroiliac joint pain.

If conservative management has failed and sacroiliac joint pain is elicited using a provocation test, consider image guided sacroiliac joint injection.

If after the sacroiliac (SI) injection a further provocation test is negative then the patient can be referred for radiofrequency denervation or consider referral for minimally invasive sacroiliac joint fusion in line with NICE IPG578.

NOTE: Minimally invasive SI joint fusion is a technically challenging procedure and should only be done by surgeons who regularly use image-guided surgery for implant placement. The surgeons should also have had specific training and expertise in minimally invasive SI joint fusion surgery for chronic SI pain.

Funding Mechanism

GMEURSG recommendation: Individual prior approval for image guided SI injection provided the patient meets the above criteria. Requests must be submitted with all relevant supporting evidence. Patients going on to RFD following a successful SI injection are considered to have prior approval for RFD.

NOTE: Clinicians must provide evidence of the result of the provocation test **OR** evidence of degenerative sacroiliitis.

Clinical Exceptionality:	Clinicians can submit an Individual Funding Request (IFR) outside of this guidance if they feel there is a good case for exceptionality. More information on determining clinical exceptionality can be found in the Greater Manchester (GM) Effective Use of Resources (EUR) Operational Policy. Link to GM EUR Operational Policy.
Best Practice Guidelines:	All providers are expected to follow best practice guidelines (where available) in the management of these conditions.
Funding request form:	Facet Joint Injections for Neck and Back Pain