

## **The Review of Clinical Policies for Lancashire and South Cumbria Clinical Commissioning Groups (CCGs) – Frequently Asked Questions (FAQs)**

### Supplementary FAQ's

These frequently asked questions are supplementary to the FAQ's already identified as part of the clinical policy review process.

#### **The policy refers to spinal injections. Why is that?**

The policy for the management of back pain is specifically concerned with the use of spinal injections as a treatment for lower back pain. It refers to other treatments or therapies because these should be tried first, before using spinal injections. Spinal injections are what is termed an invasive procedure (clinicians must 'invade' or 'enter' a part of the body in order to carry out the treatment) and any invasive procedure carries risk of harming the patient.

#### **What type of back pain is this policy concerned with?**

This policy on managing back pain is concerned primarily with lower back pain around the lumbar spine area but, depending on the cause, may also relate to leg pain (sciatica) and neck pain, both of which may be linked to pain in the lumbar spine region.

#### **I have back pain, but no-one knows what is causing it. Is this covered in the policy?**

This is called non-specific back pain (or non-specific lower back pain). It is covered by this clinical policy but only in relation to whether non-specific back ailments are suitable for spinal injections. Unfortunately, there is no evidence to support that spinal injections are successful in the treatment of non-specific back pain. Indeed, more harm can be caused by giving spinal injections which will not treat the problem.

#### **What kind of back pain, if any, would I need to have to be eligible for spinal injections?**

There are two types or groupings of back pain that under this new and revised policy spinal injections would be considered, where the criteria are met. As mentioned above, other treatments and procedures would be offered first.

The kinds of back pain where spinal injections may be considered are:

- Radicular pain – where patients have nerve root compression and/or inflammation. These patients typically have leg pain or sciatica.
- Specific low back pain, where the cause is identifiable - this is a smaller group of patients, but they may have pain amenable to injection treatment.

Patients with either of these types of back pain/ailments need to go through the assessments identified in the policy and must satisfy the criteria before spinal injections are considered.

**The policy offers, under certain circumstances, a treatment called radiofrequency denervation as well as spinal injections, such as epidurals.**

**What is a radiofrequency denervation?**

Radiofrequency denervation is a very specific and specialised treatment/injection process. It uses x-ray guided needles to direct heat (radiofrequency waves, a form of electricity) onto nerves around the spinal facet joints, destroying the nerve ends. This means the nerves should not be able to send feelings of pain back to the brain. This can last over 12 months. Nerve endings can regenerate themselves, but radiofrequency denervation can be repeated as required.