Hertfordshire and West Essex Integrated Care Board

NHS Herts and West Essex

Integrated Care Board (ICB)

Epidural Injections and Therapeutic Nerve Blocks for Lumbar or Sacral Radiculopathy

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Superseded Documents (if applicable)	**West Essex CCG – Back Injections for low back (lumbar/lumbosacral) pain and sciatica** **Hertfordshire CCG (Priorities Forum) – Management of back pain**

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Document Control

Version	Page	Details of amendment	Author

The policy should include a contents page, as set out below, and be structured around all of the headings shown (although not necessarily in the same order)

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Appendices:

Each appendix will be numbered to follow on from the policy document.

Policy: **Epidural Injections and Therapeutic Nerve Blocks for Lumbar or Sacral Radiculopathy**

This policy covers epidural injections and therapeutic nerve root blocks for lumbar or sacral radiculopathy. Other sites, e.g. cervical or thoracic are outside the scope of this policy. Interventions for non-specific back pain are outside the scope of this policy and are covered in the local policy: Injections and radio-frequency ablation for non-specific back pain. [add link]

Other related national EBI programme guidance includes:

- Injections for non-specific back pain without sciatica – EBI list 1
- Lumbar radiofrequency facet joint denervation – EBI list 2
- Low back pain imaging – EBI list 2
- Lumbar discectomy – EBI list 2
- Vertebral augmentation for painful osteoporotic vertebral fractures – EBI list 2
- Fusion surgery for mechanical axial low back pain – EBI list 2

Other related local policies:

- Spinal cord stimulation [add link]
- Injections and radio-frequency ablation for non-specific back pain. [add link]

Epidural Injections and Therapeutic Nerve Root Blocks

The ICB **will** fund epidural injections of local anaesthetic and steroid, providing **all** of the criteria below have been met:[1,3,4]

- The patient is 16 years or older.[4]
  AND
- The patient has radicular pain consistent with the level of spinal involvement.
  AND
- The pain is having a significant impact upon the patient's ADLs (this will need to be clearly documented)
  AND
- The pain has persists despite non-invasive management as per local pathways and the national back pain pathway (advice on self-management, analgesia, exercise programme +/- manual therapy +/- psychological therapy OR low intensity CPPP) UNLESS an MDT agrees that there is acute severe radiculopathy in which case this criterion may be waived.
  AND
- Patients must have actively participated in the decisions in respect of their treatment and demonstrated commitment to their long-term treatment plan
  AND
- The pain is due to prolapsed intervertebral disk
  AND
  - The pain is acute (<3 months) at the time of referral
    AND
  - The pain is severe and uncontrollable (rated at 7/10 or more on the visual analogue pain scale).

  OR
- The pain is due to inflammatory or compressive causes
  AND
  - The pain is moderate (5/10 or more on visual analogue pain scale) or severe

AND
- The pain is has lasted more than 6 months
  AND
- The aim is to avoid surgery (reflecting patient and clinician choice) or surgery is contraindicated or not feasible.

Funded injection sites include interlaminar, transforaminal and caudal epidurals and nerve root injections.[3]

The ICB **will not** routinely fund epidural injections for patients with non-specific low back pain[1] or for neurogenic claudication in people who have central canal stenosis. [1,3,4]

Repeat epidural/therapeutic nerve block

The ICB **will not** routinely fund **repeat** epidural or therapeutic nerve block injections for acute and severe lumbar radiculopathy due to prolapsed intervertebral disk.

The ICB **will** fund repeat epidural or therapeutic nerve block injections for moderate to severe chronic radicular pain due to inflammatory or compressive causes when the following criteria are met:

- The criteria for epidurals set out above are met.
- 6 months of benefit and functional improvement was achieved following the previous injection.
- Patients must show commitment to taking responsibility for managing their condition by demonstrating relevant lifestyle changes which include weight loss, increased physical fitness through exercise and physiotherapy; diet control, avoidance of illicit drugs and alcohol, improvement in sleep hygiene, engaging with activities to promote mental wellbeing and any treatment plans for mental health problems, and improved engagement in activities of daily living and purposeful occupation where appropriate or not able to participate in such activities.

Rationale

NICE NG59 does not address repeat epidurals in the summary guidance. However, in the full guidance, it describes that there is only evidence for the acute (<3month) presentation and that the guideline development group did not expect multiple injections to be performed within the short period of time defined as acute. The available cost effectiveness evidence suggests that repeats are not cost effective.

Initial cost-effectiveness data suggests a cost of £45K per QALY (not cost effective). This was based on 1-3 injections over 6 months compared with placebo. A sensitivity analysis was performed which assumed a single injection (based on the expectation that only one injection would be performed within the short period of time defined as acute) but assumed the same health benefits as 1-3 injections. This changed the cost effectiveness estimate to £26k per QALY (cost effective) which led to NICE supporting epidural injections in acute and severe radiculopathy.

However, NICE excludes patients with conditions of a non-mechanical nature, including inflammatory causes and serious spinal pathology (including osteoporotic collapse), also spondylisthesis, scoliosis, vertebral fracture, OA, FBSS etc.

The GIRFT states that epidurals/nerve root injections may be done in the hope radicular pain due to foraminal or lateral recess stenosis or disc protrusion settles. If it does not provide prolonged pain relief, then surgery is often an alternative option with a sound evidence base, including cost-effectiveness. There should therefore be few patients needing 3 or more epidurals/nerve root injections in a 12 month period. The GIRFT report recommendation is that clinicians should adhere to the National Back Pain and Radicular Pain Pathway, which has been endorsed by NICE.

The National Back and Radicular Pain Pathway says that injection of depot preparations of steroid, usually with local anaesthetic, has an established value in a variety of acute and chronic pain problems associated with inflammatory, compressive or post-surgical pathology in lumbrosacral spine, where leg pain is predominant symptom. However, it is unclear what evidence this is based on as this is not addressed within any of the referenced literature.

The National Back and Radicular Pain Pathway suggests the following indications for epidurals/nerve root injections:

- Severe, non-controllable radicular pain in prolapsed intervertebral disc, early in clinical course (i.e. acute)

- Moderate or severe lumbrosacral radicular pain (compressive or inflammatory) with aim of avoiding surgery (patient and clinician choice)

- Lack of suitability of alternative treatments (e.g. unfit for surgery, poorly defined surgical target, unable to tolerate neuropathic pain medications – especially elderly)

    - Combine with appropriate medication management, physical and psychological therapies to maximise benefit.

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Individual cases will be reviewed as per the ICB policy.