# 04. THERAPEUTIC AND DIAGNOSTIC INJECTIONS FOR THE TREATMENT OF BACK PAIN REFERRAL FORM

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Referral | Referral date | Referring GP | Sender title and full name |
| Patient Name | Forename Surname | Address | Sender address building  Sender address road  Sender address post town |
| Address | Patient address house  Patient address road  Patient address post town |
| Postcode | Patient post code | Postcode | Sender post code |
| Age/DOB | Patient Age  Date of birth | Fax No | Registered GP fax number |
| Tel No | Patient preferred telephone | Tel No | Registered GP phone number |
| NHS No | NHS number | Hospital No |  |

|  |
| --- |
| Diagnosis and relevant history: |
| Current (incl repeats) and past relevant medication & reason for stopping: |
| Allergies:  Allergies |

### Referral Criteria (tick those that apply):

*Funding will be considered where patient meets criteria (see below). The clinician needs to ensure that the patient fulfils one of the criteria, and approval has been received, before the procedure takes place. Where the patient does not fulfil any of the criteria, requests on the grounds of clinical exceptionality should be made via the IFR Panel, by completing the* [*Spinal Injection Form*](file:///\\nyh.org.uk\data\VOYCCG\Commissioning%20Statements\PNRC\CCG%20statements\MSK\Others\Back%20pain%20injections,facet,%20epidural,%20rhizolysis\Spinal%20Injection%20FormIFR.doc)

NHS Vale of York CCG does NOT routinely commission therapeutic spinal injections for back pain.

Therapeutic injections included in this policy are:

* Epidural injections and nerve blocks
* Facet joint injections (FJI)
* Radiofrequency nerve denervation (rhizolysis/ medial branch block/ nerve root ablation)
* Trigger point injections

There are three exceptions (but note that ALL requests now have to be made via this referral form for prior approval)

1. For the treatment of acute severe spinal pain or sciatica of up to 12 weeks duration, as part of the acute/subacute back pain pathway, to help with mobilisation

* one epidural or transforaminal injection will be commissioned within an acute back pain service

1. Facet joint injections for diagnostic purposes:

Facet joint injections will NOT be commissioned for acute or acute on chronic spinal pain for therapeutic purposes

For patient with complex multi level disease requiring assessment for surgical intervention (via specialist MSK service; orthopaedic or neurosurgical services) the CCG will commission a maximum of two facet joint injections for diagnostic purposes to help localise the problem and define surgical management of chronic spinal pain (which has lasted more than 2 years, with nerve root involvement). These should be performed no more than 6 weeks apart, as part of pre-surgical work up

1. Spinal injections required to treat cancer related spinal pain (eg epidural or intrathecal injections, nerve blocks eg coeliac) – if other analgesia (oral, topical) has failed

The CCG only considers spinal injections for patients with chronic spinal pain (>12 weeks) in clinically exceptional circumstances.

**Treatment in all other circumstances is not normally funded and should not be referred unless there is prior approval by the Individual Funding Request Panel.**

If the patient does not meet any of the above criteria state reason for referral:

Has funding been approved by the Individual Funding Request Panel

(Please tick)

**---------------------------------------------------------------------------------------------------------**

### For Trust usage

Patient listed for surgery: Yes  No

Comments: