

CLINICAL POLICY ADVISORY GROUP (CPAG)

Lumbar Radiofrequency Facet Joint Denervation Policy

Criteria

■ **Black – criteria required to be met prior to referral**

■ **Blue – criteria to be met prior to procedure**

Statement

Derby and Derbyshire CCG, in line with its principles for procedures of limited clinical value, has deemed that lumbar radiofrequency facet joint denervation should only be commissioned for adults aged 16 years and over with chronic back pain when ALL of the following criteria are met:

- Non-surgical treatment has not been effective
- The main source of pain is thought to come from structures supplied by the medial branch nerve
- there are moderate or severe levels of localized back pain (rated as 5 or more on a visual analogue scale, or equivalent) at the time of referral
- **There has been a positive response to a diagnostic medial branch block**

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the CCG.

1. Background

Radiofrequency denervation, also known as "dorsal rhizotomy" or "radiofrequency ablation", is a non-surgical and minimally invasive procedure that uses heat to reduce or stop the transmission of pain signals arising from one or more spinal facet joints. It is also recommended when other alternatives have failed.

2. Recommendation

Derby & Derbyshire CCG has deemed that Lumbar Radiofrequency Facet Joint Denervation for adults aged 16 years with chronic back pain should only be commissioned when ALL of the following criteria are met:

- 1, Non-surgical treatment has not been effective
 - The main source of pain is thought to come from structures supplied by the medial branch nerve
 - there are moderate or severe levels of localized back pain (rated as 5 or more on a visual analogue scale, or equivalent) at the time of referral
 - [There has been a positive response to a diagnostic medical branch block](#)

3. Rationale for Recommendation

The facet joints are pairs of joints that stabilise and guide motion in the lumbar spine. These joints are innervated by the medial branches of the dorsal rami. In current clinical practice, suitable patients are first offered one or more diagnostic injections to determine which facet joints are contributing to their symptoms. This particular type of injection is called a medial branch block, and differs to facet joint injections, which are no longer recommended by NICE or GIRFT.

Manual therapy, with appropriate psychological therapies where necessary, should be considered as an early intervention to support the individual.

Medial branch blocks should be offered only in accordance with the low back pain pathway [Title \(boa.ac.uk\)](#) Patients who experience a positive response to a medial branch block (i.e., a significant but short term improvement in pain symptoms) may be offered a neurodestructive procedure called radiofrequency denervation in an attempt to achieve longer-term pain relief. Some patients may experience a prolonged response to medial branch blockade such that further interventional treatment is no longer required.

Radiofrequency energy is delivered along an insulated needle in contact with the target nerves. This focused electrical energy heats and denatures the nerve. This process may allow axons to regenerate with time requiring the repetition of the radiofrequency procedure.

Research is ongoing to determine the optimum frequency of repeat radiofrequency denervation [Low back pain and sciatica in over 16s: assessment and management | NICE](#)

4. Useful Resources

- Evidence-based Interventions Guidance List 2, Academy of Medical Royal Colleges, November 2020, accessed March 2021, <https://www.aomrc.org.uk/evidence-based-interventions>

5. References

- Evidence-based Interventions Guidance List 2, Academy of Medical Royal Colleges, November 2020, accessed March 2021, <https://www.aomrc.org.uk/evidence-based-interventions>
- NICE Low back pain and sciatica in over 16s: assessment and management (November 2016), accessed May 2021: <https://www.nice.org.uk/guidance/ng59>
NICE: accessed May 2021: [NG59 Low back pain and sciatica in over 16s: assessment and management invasive treatments full guideline \(nice.org.uk\)](https://www.nice.org.uk/guidance/ng59)
- National Low Back and Radicular Pain Pathway 2017: accessed May 2021 [Title \(boa.ac.uk\)](http://boa.ac.uk)
- Back Skills Training (BeST): Group cognitive behavioural treatment for low-back pain in primary care: a randomised controlled trial and cost effectiveness analysis. Prof Sarah E Lamb DPhil et al on behalf of the Back Skills Training Trial investigators: accessed May 2021 [Group cognitive behavioural treatment for low-back pain in primary care: a randomised controlled trial and cost-effectiveness analysis - The Lancet](https://www.thelancet.com/journal/S0140673620308311)
- STarT Back: Accessed May 2021 [Endorsed resource – STarT Back Screening Tool with matched treatment options | Low back pain and sciatica in over 16s: assessment and management | Guidance | NICE](https://www.nice.org.uk/guidance/ng59)
- Maas ET, Ostelo RWJG, Niemisto L, Jousimaa J, Hurri H, Malmivaara A, van Tulder MW. Radiofrequency denervation for chronic low back pain. Cochrane Database of Systematic Reviews 2015, Issue 10. Art. No.: CD008572. DOI: 10.1002/14651858.CD008572.pub2. accessed May 2021
- Faculty of Pain Management, Core Standards for Pain Management Services in the UK: accessed May 2021 [Core Standards | Faculty of Pain Medicine \(fpm.ac.uk\)](https://www.fpm.ac.uk)

6. Appendices

Appendix 1 - Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

Consultee	Date
Pain Management Consultant, CRHFT	April 2021
Pain Management Consultant, UHDBFT	April 2021
Clinical Policy Advisory Group (CPAG)	May 2021
Clinical and Lay Commissioning Committee (CLCC)	June 2021
Pain Management Consultant, UHDBFT	November 2023
Consultant Orthopaedic Surgeon, CRHFT	November 2023
Clinical Policy Advisory Group (CPAG)	November 2023

Appendix 2 - Document Update

Document Update	Date Updated
Version 1.0 – Policy issued	May 2021
Version 1.1 – CPAG agreed to extend the review date of this policy by 12 months due to reduced capacity within the Clinical Policies team.	November 2023

Appendix 3 - OPCS Code(s)

V485, V487, Z675, Z676, Z677, Z993