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| Intervention | **Radiofrequency denervation of the facet joint for Chronic Low Back Pain without Radiculopathy (Sciatica)** |
| For the treatment of | Chronic low back pain without radiculopathy |
| Commissioning Position | Radiofrequency denervation is commissioned if:   * there is moderate to severe chronic pain as rated on a recognised pain scale (present for at least six months) AND * all non-surgical and alternative treatments have been tried without success or are not indicated AND * there has been at least 50% improvement in pain on a recognised pain scale in response to a diagnostic medial branch block of the nerve within the last six months.   If the procedure is effective at relieving symptoms but pain recurs after an interval, repeat radiofrequency denervation is commissioned if:   * the same criteria as above for the initial procedure are met AND * pain relief was achieved following the previous denervation procedure and sustained for at least 16 months but moderate to severe chronic pain has then recurred.   N.B. As per policy 054, the following interventions are not commissioned for non-specific low back pain:   * Spinal injections of local anaesthetic and/or steroid for non-specific low back pain. * Facet joint injections * Therapeutic medial branch blocks * Intradiscal therapy * Prolotherapy * Trigger point injections with any agent, including botulinum toxin * Epidural steroid injections for chronic low back pain or for neurogenic claudication in patients with central spinal canal stenosis * Any other spinal injections not specifically covered above   As per policy 131, epidural or nerve root block with local anaesthetic and steroid for patient with acute and severe lumbar radiculopathy is commissioned. |
| Evidence/Summary of Rationale | Spinal injections for treating low back pain without sciatica are not clinically or cost effective, except for people who meet the criteria for a procedure called 'radiofrequency denervation'.  To determine whether these people will benefit from this procedure, they should be offered a diagnostic block of the nerves that supply the joints between the vertebrae. If they experience significant pain relief, they may then be offered radiofrequency denervation to achieve longer-term relief.  NG59 indicates that if pain relief from radiofrequency denervation lasts less than 16 months, radiofrequency denervation is not cost effective, as the ICER would go above the £20,000 per QALY threshold. |
| Clinical Reference Documents | [ebi.aomrc.org.uk/interventions/injections-for-nonspecific-low-back-pain-without-sciatica](https://ebi.aomrc.org.uk/interventions/injections-for-nonspecific-low-back-pain-without-sciatica-2/)  [NG59 Low back pain and sciatica in over 16s: assessment and management | Guidance | NICE](https://www.nice.org.uk/guidance/ng59)  [NG59 Low back pain and sciatica in over 16s: assessment and management invasive treatments full guideline](https://www.nice.org.uk/guidance/ng59/evidence/full-guideline-invasive-treatments-pdf-2726157998)  [National Spine Network - National Back Pain and Radicular Pain Pathway](https://nationalspinenetwork.co.uk/National-Back-Pain-and-Radicular-Pain-Pathway) |
| Effective from | August 2025 |
| Policy Review Date | August 2028 |