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| CT Nerve Root Injection Referral Criteria |
| **Approved by Norfolk and Waveney ICB Clinical Policy Development Group: 12 August 2021**  **Approved by Norfolk and Waveney Clinical Commissioning Group Governing Body: 28 September 2021**  **FINAL V1** |

**Equality Statement**

The ICBs and the Clinical Policy Development Group (CPDG) are committed to ensuring equality of access and non-discrimination as enshrined in the Health and Social Care act 2012. In carrying out its functions, the CPDG will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010. This document is compliant with the NHS Constitution and the Human Rights Act 1998.

**Clinical Governance Statement**

It is important that the implementation of this policy is seen as an opportunity to encourage team working and cooperation between commissioners, primary and secondary care providers. Service Providers will be expected to collect and provide audit data on request as part of a professionally led clinical review and audit cycle.

**Exceptionality**

For patients not meeting the policy criteria or where a treatment is not routinely funded, an application should be made to the Individual Funding Request (IFR) panel if the referrer considers that there are clinically exceptional circumstances. IFR policy and procedure documents can be found on Knowledge Anglia.

**Acknowledgements**

The Clinical Policy Development Group would like to sincerely thank John Cahir, Geeta Kapoor and Andoni Toms at the Norfolk and Norwich University Hospital who have led on the development of this policy.

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# CT Nerve Root Injection Referral criteria

## Background

*Consider epidural injections of local anaesthetic and steroid in people with acute and severe radicular pain (including facet joint cyst disruption/aspiration) [[1]](#footnote-1).*

Acute pain is arbitrarily defined as pain that has been present for six weeks or less; if it has arisen for the first time in a patient’s life, or after a pain-free interval of at least six months and lasts no longer than six weeks. Subacute back pain has a six- to 12-week duration and chronic back pain lasts longer than 12 weeks[[2]](#footnote-2).

Defining severe pain is more difficult, and the National Pathway suggests recording Patient Reported Outcome Measures (PROMS) and patient Reported Experience Measures (PREMS) as part of the referral process. The suggested scores are: EQ5D, ODI and VAS scores at the time of referral and 4-8 weeks after the procedure to assess patients, recorded on a central register (e.g. BSR/Spine Tango)[[3]](#footnote-3).

One of the most common PROMs used to quantify disability related to lower back pain is the Oswestry Disability Index (ODI). Derived from the Oswestry Low Back Pain Questionnaire, ODI was first validated in 1980, while the most current version was introduced in 2000.

EQ-5D is an instrument which evaluates the generic quality of life developed in Europe and widely used. The EQ-5D descriptive system is a preference-based HRQL measure with one question for each of the five dimensions that include mobility, self-care, usual activities, pain/discomfort, and anxiety/depression. The answers given to ED-5D permit to find 243 unique health states or can be converted into EQ-5D index an utility scores anchored at 0 for death and 1 for perfect health. The EQ-5D questionnaire also includes a Visual Analog Scale (VAS), by which respondents can report their perceived health status with a grade ranging from 0 (the worst possible health status) to 100 (the best possible health status).

This document provides guidance for referral criteria for all CT guided nerve root injections, cervical and lumbar. There is no national guidance for cervical nerve roots specifically however the same principles and referral criteria would apply.

## Provision of timeline

* The Service must comply with national targets in relation to referral to treatment targets - currently 18 weeks for routine requests and 2 weeks for urgent requests.
* International Association for the Study of Pain (IASP) recommend that patients with severe progressive pain with the risk of increasing functional impairment generally of six months duration or less are seen within one month[[4]](#footnote-4).

## Exclusions

1. Back pain with no radicular symptoms [[5]](#footnote-5)
2. Neurogenic claudication with central spinal stenosis[[6]](#footnote-6)
3. Anticoagulation which cannot be stopped
4. Pregnancy
5. Local or systemic infection
6. Patient unwilling or unable to cooperate/tolerate the procedure
7. If the patient had the procedure previously (same side and level) and there was no improvement in PROMS.

## Essential referral entry criteria

1. Acute Severe radicular pain which is not controllable with analgesia at 1-3 weeks (less than 6 weeks)
   1. pain uncontrolled despite paracetamol / weak opioid / NSAID as a minimum [[7]](#footnote-7)
2. Side and level of nerve root block provided by referring clinician (secondary care only)
3. PROMS at time of referral (to be given to and completed by the patient by the referring clinician)
   1. Pain of 5 or more on a 0-10 scale (VAS) qualifies for referral[[8]](#footnote-8)
   2. If the patient has had the procedure previously and there was an improvement in PROMS, the patient qualifies for a repeat procedure
   3. The ODI and EQ5D can be used in addition to the VAS to assess post-procedure response
4. Imaging (usually MR) within appropriate timescale usually 3-6 months
5. Possible confounding factors – previous surgery, problems with previous injections
6. Medication (especially anticoagulation) and allergies (especially contrast agents)

## Definition of satisfactory result

* Improved EQ5D / Back Specific Disability Score
* Patient reported improvement / satisfaction

## External audit of data

1. Pre and Post procedural data recorded
2. If for severe early pain [[9]](#footnote-9)
   * length of time with tolerable pain
   * % referred for surgery
3. If as treatment for lumbar radicular pain with the aim of avoiding surgery
   * % avoiding surgery
4. Return to work / occupation
5. Patient choice to self-manage
6. Number and type of complications including wrong level / side
7. Number of patients going on to have a surgical procedure

## References

1. National Low Back and Radicular Pain Pathway 2017,
2. NICE Guidance NG59 and NICE CG173
3. Carey TS, Garrett J, Jackman A, McLaughlin C, Fryer J, Smucker DR. The outcomes and costs of care for acute low back pain among patients seen by primary care practitioners, chiropractors, and orthopedic surgeons. The North Carolina Back Pain Project. N Engl J Med. 1995;333:913–7.
4. Guidelines for Pain Management Programmes for adults. *An evidence-based review prepared on behalf of the British Pain Society.* The British Pain Society. November 2013: http://www.britishpainsociety.org/pub\_professional.htm

# Clinic questionnaire to be completed for referral: Lumbar

Patient Label

Hospital Number

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

Date of Consultation

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| D | D |  | M | M |  | Y | Y | Y | Y |
|  |  | / |  |  | / |  |  |  |  |

Consultant

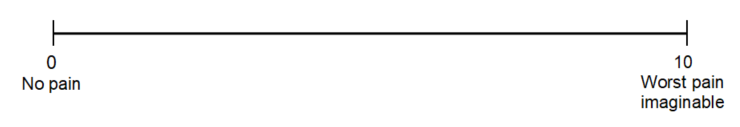
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Please complete this booklet. It has questionnaires with information required in order to better understand your condition.

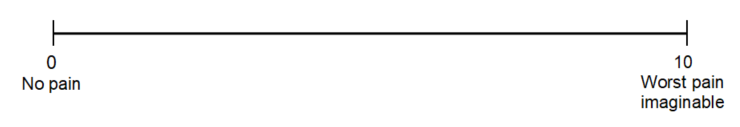
A staff member will help if you are unsure how to complete the booklet

## Visual Analogue Score: back and leg pain

1. Please mark on the line below how much pain you have had from your **back**, on average, over the past week:

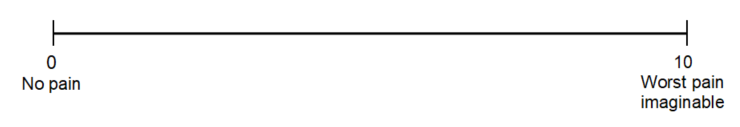


1. Please mark on the line below how much pain you have had in your **worst leg**, on average, over the past week (select ‘No pain’ if you have no leg pain)

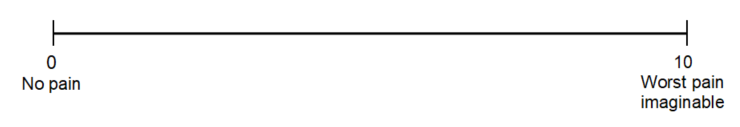


## Visual Analogue Score: neck and arm pain

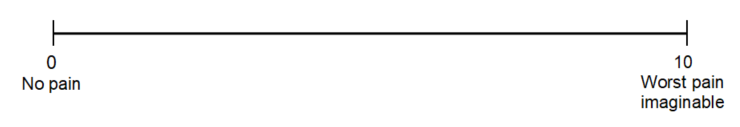
1. Please mark on the line below how much pain you have had from your **neck**, on average, over the past week:



1. Please mark on the line below how much pain you have had from your **worst arm**, on average, over the past week:



1. If you have pain in the **other arm**, please mark on the line below how much pain you have had on average, over the past week:



## General health questionnaire (EQ5D) *page 1 of 2*

Under each heading, please tick **ONE** box that best describes your health **TODAY**

|  |  |  |
| --- | --- | --- |
| **MOBILITY** | | |
| I have no problems in walking about |  |  |
|  | | |
| I have slight problems in walking about |  |  |
|  | | |
| I have moderate problems in walking about |  |  |
|  | | |
| I have severe problems in walking about |  |  |
|  | | |
| I am unable to walk about |  |  |
|  | | |
| **SELF-CARE** | | |
| I have no problems washing or dressing myself |  |  |
|  | | |
| I have slight problems washing or dressing myself |  |  |
|  | | |
| I have moderate problems washing or dressing myself |  |  |
|  | | |
| I have severe problems washing or dressing myself |  |  |
|  | | |
| I am unable to wash or dress myself |  |  |
|  | | |
| **USUAL ACTIVITIES** (e.g. work, study, housework, family or leisure activities) | | |
| I have no problems doing my usual activities |  |  |
|  | | |
| I have slight problems doing my usual activities |  |  |
|  | | |
| I have moderate problems doing my usual activities |  |  |
|  | | |
| I have severe problems doing my usual activities |  |  |
|  | | |
| I am unable to do my usual activities |  |  |
|  | | |
| **PAIN / DISCOMFORT** | | |
| I have no pain or discomfort |  |  |
|  | | |
| I have slight pain or discomfort |  |  |
|  | | |
| I have moderate pain or discomfort |  |  |
|  | | |
| I have severe pain or discomfort |  |  |
|  | | |
| I have extreme pain or discomfort |  |  |
|  | | |
| **ANXIETY / DEPRESSION** | | |
| I am not anxious or depressed |  |  |
|  | | |
| I am slightly anxious or depressed |  |  |
|  | | |
| I am moderately anxious or depressed |  |  |
|  | | |
| I am severely anxious or depressed |  |  |
|  | | |
| I am extremely anxious or depressed |  |  |

## EQ5D *page 2 of 2*

We would like to know how good or bad your health is TODAY

This scale is numbered from 0 to 100

* 100 means the **best** health you can imagine
* 0 means the **worst** health you can imagine

Mark an X on the scale to indicate how your health is TODAY

Now, please write the number you marked on the scale in the box below

YOUR HEALTH TODAY =

## Oswestry Disability Index (ODI) page 1 of 2

Please complete this questionnaire. It is designed to give us information as to how your back (or leg) trouble affects your ability to manage in everyday life. Please answer **every section**.

Tick **one box only** in each section that most closely describes you **today.**

1. **Pain intensity:**

I have no pain at the moment

The pain is very mild at the moment

The pain is moderate at the moment

The pain is fairly severe at the moment

The pain is very severe at the moment

The pain is the worst imaginable at the moment

1. **Personal care:**

I can look after myself normally without causing extra pain

I can look after myself normally but it is very painful

It is painful to look after myself and I am slow and careful

I need some help but manage most of my personal care

I need help every day in most aspects of self-care

I do not get dressed, wash with difficult and stay in bed

1. **Lifting:**

I can lift heavy weights without extra pain

I can lift heavy weights but it gives extra pain

Pain prevents me from lifting heavy weights off the floor, but I can manage if they are

conveniently positioned, e.g. on a table

Pain prevents me from lifting heavy weights, but I can manage light to medium

weights if they are conveniently positioned

I can only lift very light weights

I cannot lift or carry anything at all

1. **Walking:**

Pain does not prevent me walking any distance

Pain prevents me walking more than 1 mile

Pain prevents me walking more than ¼ mile

Pain prevents me walking more than 100 yards

I can only walk using a stick or crutches

I am in a bed most of the time and have to crawl to the toilet

1. **Sitting:**

I can sit in any chair as long as I like

I can sit in my favourite chair as long as I like

Pain prevents me from sitting for more than 1 hour

Pain prevents me from sitting for more than ½ hour

Pain prevents me from sitting for more than 10 minutes

Pain prevents me from sitting at all

## ODI page 2 of 2

1. **Standing:**

I can stand as long as I want without extra pain

I can stand as long as I want but it gives me extra pain

Pain prevents me from standing for more than 1 hour

Pain prevents me from standing for more than ½ hour

Pain prevents me from standing for more than 10 minutes

Pain prevents me from standing at all

1. **Sleeping:**

My sleep is never disturbed by pain

My sleep is occasionally disturbed by pain

Because of pain I have less than 6 hours of sleep

Because of pain I have less than 4 hours of sleep

Because of pain I have less than 2 hours of sleep

Pain prevents me from sleeping at all

1. **Sex life** (This question is not mandatory. If not applicable or if you prefer not to answer this question simply move on to the next question):

My sex life is normal and causes no extra pain

My sex life is normal but causes some extra pain

My sex life is nearly normal but is very painful

My sex life is severely restricted by pain

My sex life is nearly absent because of pain

Pain prevents any sex life at all

1. **Social life:**

My social life is normal and causes no extra pain

My social like is normal but increases the degree of pain

Pain has no significant effect on my social life apart from limiting my more energetic

interests e.g. sport, etc

Pain has restricted my social life and I do not go out as often

Pain has restricted my social life to home

I have no social life because of pain

1. **Travelling:**

I can travel anywhere without pain

I can travel anywhere but it gives extra pain

Pain is bad but I manage journeys over 2 hours

Pain restricts me to journeys of less than 1 hour

Pain restricts me to short necessary journeys under 30 minutes

Pain prevents me from travelling except to receive treatment

# Clinic questionnaire to be completed for referral: Cervical

Patient Label

Hospital Number

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

Date of Consultation

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| D | D |  | M | M |  | Y | Y | Y | Y |
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Consultant

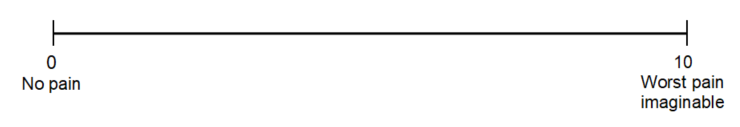
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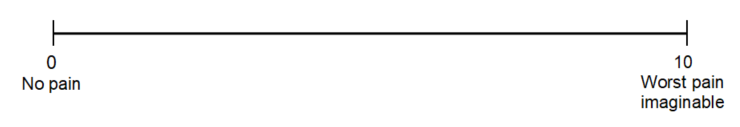
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## Visual Analogue Score: neck and arm pain

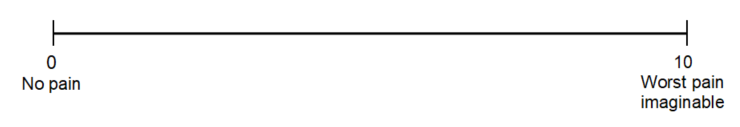
1. Please mark on the line below how much pain you have had from your **neck**, on average, over the past week:



1. Please mark on the line below how much pain you have had from your **worst arm**, on average, over the past week:



1. If you have pain in the **other arm**, please mark on the line below how much pain you have had on average, over the past week:



## General health questionnaire (EQ5D) *page 1 of 2*

Under each heading, please tick **ONE** box that best describes your health **TODAY**

|  |  |  |
| --- | --- | --- |
| **MOBILITY** | | |
| I have no problems in walking about |  |  |
|  | | |
| I have slight problems in walking about |  |  |
|  | | |
| I have moderate problems in walking about |  |  |
|  | | |
| I have severe problems in walking about |  |  |
|  | | |
| I am unable to walk about |  |  |
|  | | |
| **SELF-CARE** | | |
| I have no problems washing or dressing myself |  |  |
|  | | |
| I have slight problems washing or dressing myself |  |  |
|  | | |
| I have moderate problems washing or dressing myself |  |  |
|  | | |
| I have severe problems washing or dressing myself |  |  |
|  | | |
| I am unable to wash or dress myself |  |  |
|  | | |
| **USUAL ACTIVITIES** (e.g. work, study, housework, family or leisure activities) | | |
| I have no problems doing my usual activities |  |  |
|  | | |
| I have slight problems doing my usual activities |  |  |
|  | | |
| I have moderate problems doing my usual activities |  |  |
|  | | |
| I have severe problems doing my usual activities |  |  |
|  | | |
| I am unable to do my usual activities |  |  |
|  | | |
| **PAIN / DISCOMFORT** | | |
| I have no pain or discomfort |  |  |
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| I have slight pain or discomfort |  |  |
|  | | |
| I have moderate pain or discomfort |  |  |
|  | | |
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|  | | |
| I have extreme pain or discomfort |  |  |
|  | | |
| **ANXIETY / DEPRESSION** | | |
| I am not anxious or depressed |  |  |
|  | | |
| I am slightly anxious or depressed |  |  |
|  | | |
| I am moderately anxious or depressed |  |  |
|  | | |
| I am severely anxious or depressed |  |  |
|  | | |
| I am extremely anxious or depressed |  |  |

## EQ5D *page 2 of 2*

We would like to know how good or bad your health is TODAY

This scale is numbered from 0 to 100

* 100 means the **best** health you can imagine
* 0 means the **worst** health you can imagine

Mark an X on the scale to indicate how your health is TODAY

Now, please write the number you marked on the scale in the box below

YOUR HEALTH TODAY =

## Neck Disability Index

Please complete this questionnaire. It is designed to give us information as to how your neck (or arm) trouble affects your ability to manage in everyday life. Please answer every section. Tick one box only in each section that most closely describes you today.

**1. Pain Intensity**

□ I have no pain at the moment

□ The pain is very mild at the moment

□ The pain is moderate at the moment

□ The pain is fairly severe at the moment

□ The pain is very severe at the moment

□ The pain is the worst imaginable at the moment

**2. Personal care (washing, dressing etc)**

□ I can look after myself normally without causing extra pain

□ I can look after myself normally but it is very painful

□ It is painful to look after myself and I am slow and careful

□ I need some help but manage most of my personal care

□ I need help every day in most aspects of self-care

□ I do not get dressed, wash with difficulty and stay in bed

**3. Lifting**

□ I can lift heavy weights without extra pain

□ I can lift heavy weights but it gives extra pain

□ Pain prevents me from lifting weights off the floor but I can manage if they are conveniently positioned, eg on a table

□ Pain prevents me from lifting weights off the floor but I can manage light to medium weights if they are conveniently positioned

□ I can lift only very light weights

□ I cannot lift or carry anything at all

**4. Reading**

□ I can read as much as I want to with no pain in my neck

□ I can read as much as I want to with slight pain in my neck

□ I can read as much as I want to with moderate pain in my neck

□ I cannot read as much as I want because of moderate pain in my neck

□ I can hardly read at all because of severe pain in my neck

□ I cannot read at all

**5. Headaches**

□ I have no headaches at all

□ I have slight headaches which come infrequently

□ I have moderate headaches which come infrequently

□ I have moderate headaches which come frequently

□ I have severe headaches which come frequently

□ I have headaches almost all the time

**6. Concentration**

□ I can concentrate fully when I want to with no difficulty

□ I can concentrate fully when I want to with slight difficulty

□ I have a fair degree of difficulty in concentrating when I want to

□ I have a lot of difficulty concentrating when I want to

□ I have a great deal of difficulty concentrating when I want to

□ I cannot concentrate at all

**7. Work**

□ I can do as much work as I want to

□ I can only do my usual work, but no more

□ I can do most of my usual work, but no more

□ I cannot do my usual work

□ I can hardly do any work at all

□ I cannot do any work at all

**8. Driving**

□ I can drive my car without any neck pain

□ I can drive my car as long as I want with slight pain in my neck

□ I can drive my car as long as I want with moderate pain in my neck

□ I cannot drive my car as long as I want because of moderate pain in my neck

□ I can hardly drive at all because of severe pain in my neck

□ I cannot drive my car at all

**9. Sleeping**

□ I have no trouble sleeping

□ My sleep is slightly disturbed (less than 1 hour sleepless)

□ My sleep is mildly disturbed (1-2 hours sleepless)

□ My sleep is moderately disturbed (2-3 hours sleepless)

□ My sleep is greatly disturbed (3-5 hours sleepless)

□ My sleep is completely disturbed (5-7 hours)

**10. Recreation**

□ I am able to engage in all of my recreational activities with no neck pain at all

□ I am able to engage in all of my recreational activities with some pain in my neck

□ I am able to engage in most, but not all of my recreational activities because of pain in my neck

□ I am able to engage in a few of my recreational activities because of pain in my neck

□ I can hardly do any recreational activities because of pain in my neck

□ I cannot do any recreational activities at all

1. National Low Back and Radicular Pain Pathway 2017; page 84 [↑](#footnote-ref-1)
2. Carey TS, Garrett J, Jackman A, McLaughlin C, Fryer J, Smucker DR. The outcomes and costs of care for acute low back pain among patients seen by primary care practitioners, chiropractors, and orthopedic surgeons. The North Carolina Back Pain Project. N Engl J Med. 1995;333:913–7. [↑](#footnote-ref-2)
3. National Low Back and Radicular Pain Pathway 2017; *page 58* [↑](#footnote-ref-3)
4. National Low Back and Radicular Pain Pathway 2017; page 60 [↑](#footnote-ref-4)
5. NICE Guidance NG59 and NICE CG173 [↑](#footnote-ref-5)
6. NICE Guidance NG59 and NICE CG173; page 77 [↑](#footnote-ref-6)
7. NICE Guidance NG59 and NICE CG173 [↑](#footnote-ref-7)
8. NICE Guidance NG59 and NICE CG173 [↑](#footnote-ref-8)
9. National Low Back and Radicular Pain Pathway 2017; page 85 [↑](#footnote-ref-9)