South Central Priorities Committees
(Southampton, Hampshire, Isle of Wight and Portsmouth PCTs)

Policy Recommendation 119: **Facet Joint Injections and Medial Branch Blocks for the diagnosis of low back and neck pain**

Date of issue: **November 2011**

The South Central Priorities Committee (Southampton, Hampshire, Isle of Wight and Portsmouth) has considered the evidence for the clinical and cost effectiveness of facet joint injections and medial branch blocks for the diagnosis of chronic low back and neck pain. Based on the evidence the Priorities Committee recommends that NHS funding for facet joint injections and medial branch blocks for diagnostic purposes should be LOW PRIORITY.

Chronic back pain is the second most common cause of long-term disability after arthritis. It is the second most common cause of long-term absence from work, after stress. It has a high social and economic cost. Chronic neck pain is less common but has both a health and societal cost.

Injection of local anaesthetic, steroid or other agents around the primary nerve innervating the facet joint (the medial branch of the posterior primary ramus) is termed a medial branch block. It can be used as a diagnostic procedure intended to establish whether pain originates from the facet joint, and it may also be used as a therapeutic procedure.

Facet joint injections involve injection of substances (local anaesthetic, steroid or other agents) into the facet joint itself. Facet joints are small stabilizing joints located between and behind adjacent vertebrae in the spine and are believed to contribute to spinal pain in some cases. Facet joint injections can be used as a diagnostic procedure intended to establish whether the pain originates entirely or largely from the facet joint.

There is a lack of high quality published evidence to support the use of facet joint injections and medial branch blocks for the diagnosis of chronic back or neck pain. Of the published systematic reviews the false positive rate for cervical injections is reported between 27% to 63% and for lumbar injections is reported as 30%. The published studies did not discuss the clinical utility of diagnostic injection i.e. how the injection impacts on subsequent clinical management.

NOTES:

1. *Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.*
2. *This policy will be reviewed in the light of new evidence or guidance from NICE.*
3. *South Central policy recommendations can be viewed at http://www.sph.nhs.uk/priorities/policy-statements*