

Radiofrequency Denervation

Scope

This policy covers the treatment of chronic back and neck pain with radiofrequency denervation. This policy links to the [Chronic Low Back Pain Policy](#).

Policy

It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. For patients not meeting the policy criteria, clinicians can apply for funding to the Exceptional Cases Panel by completing the exceptional funding section of the referral proforma: Click [here](#) to access the CCG clinical policies web page: select the Orthopaedic Policies drop down option and select the Radiofrequency Denervation Policy to access the referral proforma.

The CCG will fund treatment with radiofrequency denervation for patients with chronic back and neck pain where:

- There is failure of one year of appropriate non-invasive therapies, that include medication and physiotherapy, and advice on self-management.
- Patient experiences moderate to severe pain (VAS or equivalent >5/10) that limits activities of daily living and/or limits sleep at night.
- Patient's symptoms/imaging are consistent with facet joint pain.
- Medial branch block gives ≥80% reduction in pain for the duration of local anaesthetic action (injections are only to be used for diagnosis, not for the treatment of back pain).
- Only one radiofrequency ablation treatment procedure per 6 months, per facet joint.
- Radiofrequency denervation is provided as part of a comprehensive pain management pathway.
- There is continued evidence of effectiveness with each treatment.

Evidence and Rationale

NICE recommends considering the use of radiofrequency denervation in patients with chronic low back pain where conservative management has failed¹. There is evidence of a small effect of radiofrequency denervation on back pain compared with placebo in the short term, but studies show no overall significant difference at 6 months². For neck pain, one trial suggests positive effects of radiofrequency denervation³ but its applicability is uncertain (all patients in the trial had whiplash). The level of effectiveness is currently uncertain^{2,4} and radiofrequency denervation should, therefore, only be used where conservative treatments have been tried and failed.

References

1. National Institute for Health and Care Excellence. NG59. Low back pain and sciatica in over 16s: assessment and management. November 2016.
2. Maas E T, Ostelo R W J G, Niemisto L, Jousimaa J, Hurri H, Malmivaara A, van Tulder M W. Radiofrequency denervation for chronic low back pain. Cochrane Database of Systematic Reviews 2015, Issue 10. Art. No.: CD008572.
3. Lord S M, Barnsley L, Wallis B J, et al. Percutaneous radiofrequency neurotomy for chronic cervical zygapophyseal joint pain. N Engl J Med 1996; 335:1721-6.
4. Niemisto L, Kalso E A, Malmivaara A, et al. Radiofrequency denervation for back and neck pain. Cochrane database of systematic reviews 2003, Issue 1. Art No:CD004058.

Glossary

Medial branch block:	Injection of anaesthetic solution near to medial nerves connected to a specific facet joint, which temporarily stops the transmission of pain signals from the facet joint. The injection is done to diagnose pain coming from a chronically irritated facet joint and/or other structures supplied by the medial branches of the dorsal rami.
Radiofrequency denervation:	Also referred to as facet rhizolysis or radiofrequency ablation. A procedure to help treat back or neck pain that comes from the facet joints and/or other structures supplied by the medial branches of the dorsal rami.

Policy originated:	Policy ratified by CCG GB on 9 May 2017 Policy approved by CEC on 18 April 2017
Policy effective from	Policy approved by CPF on 10 March 2017 May 2017
Policy to be reviewed:	May 2019
Reference:	<i>R:\CPF Pols & working Area\Surg Threshold Pols - Draft and Agreed\CCG Policies\RADIOF DENRVTN\Agreed\RADIOFREQ DNVTN MAY 2017 V1</i>