

Community Management and Sentinel Referral Guidelines for Patients with Chronic Neck Pain

Chronic Neck Pain is a common pain condition presenting with persistent neck pain with/without radiculopathic arm symptoms (paraesthesia, burning).

Common causes of neck pain are age related disc degeneration, facet joint arthritis, muscular spasm and trauma. Less common causes of chronic neck pain include primary and metastatic tumours, infections, fractures.

Investigations:

Plain cervical spine x-rays and MRI scans are often not indicated in most cases of chronic neck pain and are not essential prior to a referral. There is no correlation between radiological findings and pain.

Secondary care specialists will advise on the need for MRI scanning.

Management of Chronic neck pain:

1. Red flag symptoms excluded: history of malignancy, continuous pain independent of posture, nocturnal pain, weight loss etc. yes/no
2. Ensure basic medication trialed as per WHO ladder. Paracetamol, +/- NSAID, +/- Weak/moderate opioid.
3. Patient has had an appropriate course of physiotherapy.
4. A trial of neuropathic pain medication e.g. amitriptyline has occurred.
5. Trial of a TENS device.
6. Treatment of mood disorder (e.g. underlying depression) has been addressed.

Possible reasons for onward referral to chronic pain management service:

1. Patient needs specialist investigations (e.g. MRI) to establish diagnosis
2. Specialist medication advice is required e.g. further neuropathic pain medication or stronger opioids.
3. Patient could benefit from:
 - a. appropriate pain education
 - b. pain management programme,
 - c. psychotherapy
 - d. interventional pain treatments.
 - i. The evidence base for the efficacy of cervical facet joint injections in cervical spondylosis is very poor. There is thus no role for these procedures.
 - ii. The pain clinic can offer cervical facet joint denervation which is supported by level 2 evidence. Patients with unilateral neck pain following from trauma may be suitable for this. Age < 60y. Degenerative facet pain does not respond well to denervation.

- iii. Local anaesthetic cervical nerve root injections may be indicated for cervical radiculopathy. These help with establishing a diagnosis, not good as a treatment..
- iv. Cervical Nerve root pulsed radiofrequency denervation is a possible treatment for cervical radiculopathy. Evidence 2A.