

Clinical Policy: Sacroiliac Joint Interventions for Pain Management

Reference Number: LA.CP.MP.166

Date of Last Revision: 09/23

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Treatment for sacroiliac joint (SIJ) pain and dysfunction is usually conservative (non-surgical) and focuses on pain relief. In patients who have failed to respond to conservative therapy, an SIJ injection can be helpful for both diagnostic and therapeutic purposes. SIJ injections into the synovial sac of the SIJ may provide immediate and significant pain relief.

Policy/Criteria

- I. It is the policy of Louisiana Healthcare Connections that invasive pain management procedures performed by a physician are **medically necessary** *when the relevant criteria are met and the member/enrollee receives only one procedure per visit, with or without radiographic guidance.*
 - A. Sacroiliac joint injections are medically necessary for the following indications:
 1. *One diagnostic or therapeutic sacroiliac joint (SIJ) injection* for SIJ pain, all of the following:
 - a. Somatic or nonradicular low back and lower extremity pain below the level of L5 vertebra that interferes with activities of daily living (ADLs) for at least three months;
 - b. Tenderness by palpation present over SIJ;
 - c. There is a positive response to at least three SIJ pain provocation tests (distraction, compression, thigh thrust, Gaenslen's, Patrick's test/FABER test, or sacral thrust [thrust tests may not be recommended in pregnant members/enrollees or those with connective tissue disorders]);
 - d. The member/enrollee has failed to respond to conservative therapy including all of the following:
 - i. Chiropractic, physical therapy, or prescribed home exercise program ≥ 4 weeks;
 - ii. Nonsteroidal anti-inflammatory drugs (NSAIDs) ≥ 3 weeks or NSAIDs contraindicated or not tolerated;
 - iii. Activity modification ≥ 4 weeks;
 - e. Clinical findings and imaging studies, when available, lack obvious evidence for disc-related or facet joint pain;
 - f. No other possible diagnosis is more likely.
 2. *A second diagnostic or confirmatory sacroiliac joint injection* when pain was improved by at least 75% after the first diagnostic SIJ injection and at least two weeks have passed since the initial injection.
 3. *Subsequent therapeutic SIJ injections* for recurrence of pain, all of the following:
 - a. Initial therapeutic injection(s) led to $\geq 50\%$ relief and functional improvement for at least two months;

- b. Request is for SIJ injection administered for temporary relief of lower back pain in conjunction with other noninvasive treatment methods (e.g., to participate in physical therapy), and not as a stand-alone therapy;
 - c. SIJ injection is given at intervals at least two months apart;
 - d. Less than four therapeutic SIJ injections have been given at the same site in the last 12 months.
- II.** It is the policy of Louisiana Healthcare Connections that if pain does not improve by $\geq 75\%$ after the second diagnostic SIJ injection, *subsequent SIJ injections* are **not medically necessary** because effectiveness has not been established.
- III.** It is the policy of Louisiana Healthcare Connections that *continuation of injections* beyond 12 months is considered **not medically necessary** because effectiveness and safety have not been established. When more definitive therapies cannot be tolerated or provided, consideration will be made on a case-by-case basis.
- IV.** It is the policy of Louisiana Healthcare Connections that *sacroiliac nerve blocks* are considered **not medically necessary** because effectiveness has not been established.
- V.** It is the policy of Louisiana Healthcare Connections that *radiofrequency neurotomy (conventional, cooled, and pulsed)* of the SIJ is considered **not medically necessary** because effectiveness has not been established. High-quality studies are lacking for conventional and pulsed radiofrequency neurotomy of the SIJ. For cooled radiofrequency neurotomy, additional well-designed studies are needed to evaluate effectiveness.

Background

Sacroiliac Joint Injections

Low back pain is the leading cause of global disability with the sacroiliac joint (SIJ) being an identifiable cause of chronic low back pain in 15 to 30% of patients.^{27,29} Treatment for sacroiliac joint dysfunction and pain is usually conservative and focuses on pain relief. In patients who have failed four to six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and NSAIDs, an SIJ injection can be helpful for both diagnostic and therapeutic purposes.^{8,29} The International Association for the Study of Pain (IASP) advised the following criteria for confirming a diagnosis of SIJ pain: pain is present in the SIJ region; stressing the SIJ by performing clinical tests that are selective for the joint replicates the patient's pain; and selectively infiltrating the presumptive symptomatic joint with local anesthetic provides complete relief of the patient's pain.²⁸ SIJ injections into the synovial sac of the SIJ may provide immediate and significant pain relief. Adding a steroid to the solution injected may help to reduce any inflammation that may exist within the joint(s) and result in a prolonged period of freedom from pain.^{8,29}

A study by Visser et al. evaluated the effect of manual therapy and physiotherapy versus SIJ injection for low back and leg pain using a single-blinded randomized trial of treatment for 51 patients with SIJ-related leg pain. The effect of the treatment was evaluated after six and 12 weeks. Manual therapy had a significantly better success rate than physiotherapy ($p = 0.003$). The authors concluded in the small single-blinded prospective study, manual therapy appeared to be the choice

of treatment for patients with SIJ-related leg pain.¹ A second choice of treatment to be considered is an intra-articular injection.^{1,22}

The recommended treatment duration is generally no more than four therapeutic SIJ injection sessions per rolling 12 months; however, when requests are made for continued treatment beyond 12 months, the following documentation can assist with determining medical necessity:

- Pain is severe enough to cause a significant degree of functional disability or vocational disability and providers use established and measurable goals and objective scales to assess functionality and activities of daily living (ADLs) measures.
- SIJ injections provide at least 50% sustained and consistent improvement of pain and/or 50% sustained and consistent objective improvement in function (using same scale as baseline) for at least three months.
- Rationale for the continuation of SIJ injections including but not limited to patients who are high-risk surgical candidates, do not desire surgery, and/or the recurrence of pain in the same location was sustained and consistently relieved with the SIJ injections for at least three months.²⁶

SIJ Radiofrequency Neurotomy

A growing number of studies have assessed the effect of treatment with radiofrequency denervation on SIJ pain, with mixed results. Radiofrequency denervation, also known as RFA or radiofrequency neurotomy, describes the use of radiofrequency energy to stop the transmission of pain signals to the central nervous system.⁵ One study found no difference between conventional radiofrequency ablation (RFA) and a sham treatment on pain relief.² A systematic review evaluating cooled radiofrequency ablation (RFA) procedures indicated cooled RFA demonstrated short term outcomes improvements of moderate strength of evidence for pain at three months and low for function at one month with no serious complications reported with strength of evidence low.²⁶ An Agency for Healthcare Research and Quality (AHRQ) report noted that cooled radiofrequency denervation is probably moderately more effective for reducing pain and improving function than sham for sacroiliac pain in younger populations when compared to conventional radiofrequency for presumed facet joint pain.²⁵ A 2017 publication of three randomized controlled trials of 681 participants with chronic low back pain found no statistically significant improvement in pain from treatment with a standardized exercise program plus RFA, versus the standardized exercise program alone.³ A systematic review of 12 randomized controlled trials measuring the efficacy of radiofrequency neurotomy to manage chronic low back pain showed moderate evidence for both short-term and long-term improvement.²³

Ho and colleagues noted that radiofrequency denervation of the sacroiliac joint (SIJ) has been inconsistent because the variable sensory supply to the SIJ is difficult to disrupt completely using conventional ablation. The authors concluded that denervation showed long-term effectiveness for up to two years in the treatment of SIJ pain. However, there are limitations of this study included with small sample size with a retrospective review with no placebo-control or sham-control group.²⁴ The American Society of Interventional Pain Physicians 2013 guidelines rate the evidence for cooled RFA as fair, and limited for conventional and pulsed RFA.⁵ The North American Spine Society (NASS) guidelines indicate that consideration can be given to cooled RFA of the sacral lateral branch nerves and dorsal ramus of L5 for patients with sacroiliac joint pain diagnosed with dual diagnostic blocks. Additional randomized trials are required to compare the various nerve

ablation techniques of the lateral branch nerves for sacroiliac joint pain as well as trials with greater than 12 months of follow-up for evaluation of long-term pain relief via functional ability and quality of life.^{5,22}

Coding Implications

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NOTE: Coverage is subject to each requested code’s inclusion on the corresponding LDH fee schedule. Non-covered codes are denoted (*) and are reviewed for Medical Necessity for members under 21 years of age on a per case basis.

CPT Code that supports coverage criteria

| CPT® Codes | Description |
|------------|---|
| 27096* | Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed |

CPT code that does not support coverage criteria

| CPT® Codes | Description |
|------------|---|
| 64451 | Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (i.e., fluoroscopy or computed tomography) |
| 64625 | Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (i.e., fluoroscopy or computed tomography) |

HCPCS code that supports coverage criteria

| HCPCS Codes | Description |
|-------------|---|
| G0260 | Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography |

| Reviews, Revisions, and Approvals | Revision Date | Approval Date |
|---|---------------|---------------|
| Converted corporate to local policy. | 08/15/2020 | |
| Updated I.A. to specify that the criteria applies to therapeutic injections as well as diagnostic. Updated I.B. to state “A second diagnostic or confirmatory sacroiliac joint injection when pain was improved by at least 75% after the first | 9/22 | |

| Reviews, Revisions, and Approvals | Revision Date | Approval Date |
|---|---------------|---------------|
| <p>diagnostic SIJ injection”, rather than that pain did not improve. I.C. updated to specify “therapeutic” SIJ injection. II was changed from 50% to 75%.</p> <p>Annual review completed. Background updated with no impact to criteria. References reviewed and updated. Specialist reviewed.</p> <p>Added “and may not support medical necessity” to coding implications.</p> <p>Changed “review date” in the header to “date of last revision” and “date” in the revision log header to “revision date.”</p> <p>Replaced member with member/enrollee in all instances.</p> | | |
| <p>Annual review completed. Added [thrust tests may not be recommended in pregnant members/enrollees or those with connective tissue disorders] to I.A.1.c. for clarity. Updated time requirements in I.A.1.d.i. and iii. to reflect 4 weeks. Minor rewording with no clinical significance. Background updated. ICD-10 Diagnosis Code table removed. References reviewed and updated. Internal specialist reviewed. Note for non-covered codes added.</p> | 09/23 | 11/27/23 |

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

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