



CLINICAL GUIDELINES

CMM-203 ~ Sacroiliac Joint Injections

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eviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Imaging requests for individuals with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist and/or individual's Primary Care Physician (PCP) may provide additional insight.

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CMM-203~Sacroiliac Joint Injections

CMM-203.1 Definitions

The presence of pain over the sacroiliac joint in the absence of radicular findings in and of itself does not substantiate the diagnosis of sacroiliac joint pain. There must also be clinical evidence as described below.

Intra-articular sacroiliac joint injection refers to the injection of contrast (absent allergy to contrast), followed by the introduction of a corticosteroid and/or a local anesthetic into the sacroiliac joint under fluoroscopic guidance.

Peri-articular injection refers to the introduction of a corticosteroid and/or a local anesthetic to one or more sections of the posterior ligamentous structures of the sacroiliac joint.

Sacroiliac joint pain is defined as pain originating from the sacroiliac joint and/or its supporting ligamentous structures as a result of injury, disease or surgery. The most important clinical components required to support the diagnosis of sacroiliac joint pain to avoid unnecessary procedures or treatment include all of the following:

- Pain primarily experienced between the upper level of the iliac crests and the gluteal fold (the pain can refer distally, even below the knee)
- A negative neurological examination for the presence of radicular symptoms/radiculopathy
- A negative neurological examination for the presence of radicular symptoms/radiculopathy
- At least one (1) positive provocative test for pain reproduction. These tests include:
 - Distraction or “Gapping” or Patrick’s Test
 - Thigh Thrust or Posterior Pelvic Pain Provocational Test
 - Gaenslan’s Test
 - Sacroiliac Joint Compression Test
 - Sacral Thrust or Yeoman’s Test.

CMM-203.2 General Guidelines

Intra-articular sacroiliac joint injections should be performed using fluoroscopy with injection of contrast (absent allergy to contrast) for guidance, as it is considered the standard of care. The performance of sacroiliac joint injections under an alternative type of guidance or without the use of fluoroscopic guidance **is considered not medically necessary**.

The performance of peri-articular sacroiliac joint injections, with or without the use of fluoroscopic guidance, **is considered medically necessary**.

There is no scientific evidence to support ultrasound guidance for sacroiliac joint injections for any indication. It is considered experimental, investigational or unproven.

CMM-203.3 Indications and Non-Indications

- ✓ The performance of sacroiliac joint injections **is considered medically necessary** for localized sacroiliac joint pain resulting from disease, injury or surgery which has not responded sufficiently to at least four (4) weeks of conservative therapy (e.g., exercise, physical methods including physical therapy, chiropractic care, NSAIDs and analgesics).
- ✓ To avoid the risk of reaching an improper diagnosis or providing unnecessary treatment, the performance of sacroiliac joint injections **is considered not medically necessary** on the same day of service as facet joint blocks, epidural steroid injections or lumbar sympathetic chain blocks.
- ✓ Based on the limited long-term benefit of performing sacroiliac joint injections as an isolated intervention with regard to pain and improved function, all sacroiliac joint injections should be performed in conjunction with active rehabilitative care/therapeutic exercise. Injections performed in isolation without the individual participating in an active rehabilitation program/home exercise program/functional restoration program **are considered not medically necessary**.
- ✓ Diagnostic sacroiliac joint injection **is considered medically necessary** when all the requirements as outlined are met.
- ✓ When diagnostic sacroiliac joint injections are performed (anesthetic only), a positive diagnostic response is recorded as 50% for the duration of the local anesthetic. If the first sacroiliac joint block is not positive, a second diagnostic block **is considered not medically necessary**.
- ✓ When therapeutic sacroiliac joint injections are performed (corticosteroid with or without anesthetic), a repeat injection **is considered medically necessary** if any of the following criteria is met:
 - 50% reduction in the reported pain
 - Increase in the individual's level of function (i.e., return to work)
 - Reduction in the use of pain medication and/or additional medical services such as physical therapy/chiropractic care for at least four (4) weeks.

- ✓ The performance of therapeutic sacroiliac joint injections for the treatment of chronic sacroiliac joint pain at a frequency greater than once every two (2) months **is considered not medically necessary**.
- ✓ In an individual with chronic sacroiliac joint pain, therapeutic sacroiliac joint injections **are considered medically necessary** to a maximum of four (4) times per year.

CMM-203.4 Procedure Codes

This guideline relates to the CPT [®] code set below. Codes are displayed for informational purposes only. Any given code's inclusion on this list does not necessarily indicate prior authorization is required.	
CPT [®]	Code Description/Definition
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
G0259	Injection procedure for sacroiliac joint; arthrography
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography
This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the health plan and is based on the individual's policy or benefit entitlement structure as well as claims processing rules.	

CMM-203.5 References

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