CLINICAL GUIDELINES

CMM-203: Sacroiliac Joint Injections

Version 1.1

Effective February 4, 2021

Clinical guidelines for medical necessity review of Comprehensive Musculoskeletal Management Services.

©2020 eviCore healthcare. All rights reserved.

CMM-203: Sacroiliac Joint Injections

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.
- **Sacral lateral nerve block** refers to an injection of corticosteroid and/or local anesthetic adjacent to the sacral lateral nerve resulting in the temporary interruption of conduction of impulses for analgesia. Sacral lateral nerve blocks attempt to block pain signals and theoretically provide relief from pain. The duration of the block depends on the dose, concentration and type of pharmacological agent injected.
- **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.

General Guidelines

- The determination of medical necessity for the performance of sacroiliac joint injections is always made on a case-by-case basis.
- **Please note**: this guideline only applies to injections of anesthetic, corticosteroid, and/or contrast agent and does not apply to injections of biologics (e.g., platelet rich plasma, stem cells, amniotic fluid, etc.) and any other injectates that are not in scope of eviCore's management.
- 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.
- Peri-articular sacroiliac joint injections may be performed with or without the use of fluoroscopic guidance.
- When sacroiliac joint injections are performed (anesthetic only) for the purpose of diagnosing sacroiliac joint pain, a positive diagnostic response is defined as ≥75% pain relief for the duration of the local anesthetic.
- Sacroiliac injections performed for the purpose of treating sacroiliac pain are termed therapeutic sacroiliac injections. When medical necessity criteria is met, a total of four therapeutic sacroiliac injections for the treatment of sacroiliac pain may be performed per joint during a 12 month period of time, with a minimum of two months duration between each injection, for the recurrence of pain.

©2020 eviCore healthcare. All Rights Reserved.

- The performance of interventional pain procedures such as a sacroiliac joint injection does not require the need for supplemental anesthesia in addition to local anesthesia.

Indications

- The performance of a diagnostic sacroiliac joint injection for localized, sacroiliac joint pain resulting from disease, injury or surgery is considered **medically necessary** when **ALL** of the following criteria are met:
  - Pain primarily experienced between the upper level of the iliac crests and the gluteal fold (the pain can refer distally, even below the knee)
  - Clinical findings and imaging studies suggest no other obvious cause of the pain (e.g., central spinal stenosis with neurogenic claudication/myelopathy, foraminal stenosis or disc herniation with concordant radicular pain/radiculopathy, infection, tumor, fracture, pseudoarthrosis, pain related to spinal instrumentation).
  - Reproduction of pain using at least three (3) of the following provocative tests:
    - Distraction or "Gapping" or FABER/Patrick's Test
    - Thigh Thrust or Posterior Pelvic Pain Provocational Test
    - Gaenslan's Test
    - Sacroiliac Joint Compression Test
    - Sacral Thrust or Yeoman's Test.
- Pain persists despite **BOTH** of the following:
  - A minimum of four (4) weeks of noninvasive conservative therapy (e.g., exercise, physical therapy, chiropractic care, nonsteroidal anti-inflammatory drugs [NSAIDs] and analgesics)
  - Ongoing, active participation in rehabilitative/therapeutic exercise program
- A therapeutic sacroiliac joint injection for the treatment of sacroiliac joint pain is considered **medically necessary** following a diagnostic injection with ≥ 75% reduction in the reported pain.
- A repeat therapeutic sacroiliac joint injection for the treatment of sacroiliac joint pain is considered **medically necessary** following a therapeutic injection with ≥ 75% reduction in the reported pain and **BOTH** of the following are met:
  - **EITHER** of the following:
    - 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
  - A minimum of two months since the prior injection

©2020 eviCore healthcare. All Rights Reserved.

Non-Indications

- Ultrasound guidance for a sacroiliac joint injection, for any indication, is considered **experimental, investigational, or unproven**.
- Sacral lateral nerve branch blocks and/or ablations/neurotomies for the diagnosis and/or treatment of sacroiliac joint mediated pain is considered **experimental, investigational, or unproven**.
- A sacroiliac joint injection is considered **not medically necessary** for **ANY** of the following:
  - Injectates other than anesthetic, corticosteroid, and/or contrast agent
  - Sacroiliac joint injections performed without fluoroscopic or other alternative guidance, with the exception of ultrasound as noted above
  - When performed on the same of service as a facet joint block, epidural steroid injection, or lumbar sympathetic chain block
  - When performed in isolation (i.e., without the individual participating in an active rehabilitation program, home exercise program, or functional restoration program)
  - As a subsequent diagnostic block when the initial diagnostic block does not produce a positive response of ≥ 75% pain reduction
  - Therapeutic sacroiliac joint injections performed at a frequency greater than once every two (2) months for the treatment of sacroiliac pain
  - More than four (4) injections per SI joint performed within a 12 month period

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
CPT®	**Codes Considered Experimental, Investigational, or Unproven**
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)

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.

©2020 eviCore healthcare. All Rights Reserved.

References

1. American College of Occupational and Environmental Medicine. Occupational Medicine Practice Guideline, 2nd Ed. 2008.
2. American Medical Association. Current Procedural Terminology. 2016 Professional Edition.
3. American Society of Anesthesiologists. Statement on Anesthetic Care During Interventional Pain Procedures for Adults. October 22, 2005, amended October 26, 2016.
4. Appropriate Use Criteria for Fluoroscopically-Guided Diagnostic and Therapeutic Sacroiliac Interventions: Results from the Spine Intervention Society-Convened Multispecialty Collaborative
5. Berthelot J, Labat J, Le Goff B, et al. Provocative sacroiliac joint maneuvers and sacroiliac joint block are unreliable for diagnosing sacroiliac joint pain. Joint Bone Spine. 2006;73(1):17-23.
6. Cheng J, Pope JE, Dalton JE, Cheng O, Bensitel A. Comparative outcomes of cooled versus traditional radiofrequency ablation of the lateral branches for sacroiliac joint pain. Clin J Pain.2013; 29:132-137.
7. Cohen SP, Hurley RW, Buckenmaier CC 3rd, et al. Randomized placebo-controlled study evaluating lateral branch radiofrequency denervation for sacroiliac joint pain. Anesthesiology.2008; 109:279-288.
8. Foley B, Buschbacher R: Sacroiliac joint pain: anatomy, biomechanics, diagnosis and treatment. Am J Phys Med Rehabil. 2006;85:997–1006.
9. Forst S, Wheeler M, Fortin J, Vilensky J. The sacroiliac joint: anatomy, physiology and clinical significance. Pain Physician. 2006;9(1):61-67.
10. Gunaydin I. Pereira P. Fritz J. et al. Magnetic resonance imaging guided corticosteroid injection of sacroiliac joints in patients with spondylarthropathy. Are multiple injections more beneficial?. Rheumatology International. 2006; 26(5):396-400.
11. Karabacakoglu A. Karakose S. Ozerbil O. Odev K. Fluoroscopy-guided intraarticular corticosteroid injection into the sacroiliac joints in patients with ankylosing spondylitis. Acta Radiologica. 2002;43(4):425-427.
12. Kennedy DJ, Engel AJ, Kreiner DS, Nampiaparampil D, Duszynski B, MacVicar J. Fluoroscopically guided diagnostic and therapeutic sacroiliac joint injections: a systematic review. Pain Med 2015; 16: 1500-1518.
13. King W, Ahmed SU, Baisden J, Patel N, Kennedy DJ, MacVicar J, Duszynski B. Diagnosis and treatment of posterior sacroiliac complex pain: a systematic review with comprehensive analysis of the published data. Pain Med 2015 Feb; 16(2): 257.
14. Laslett M. Evidence-Based Diagnosis and Treatment of the Painful Sacroiliac Joint. J Man Manip Ther. 2008; 16(3): 142–152.
15. Ling B. Lee J. Man H. et al. Transverse morphology of the sacroiliac joint: effect of angulation and implications for fluoroscopically guided sacroiliac joint injection. Skeletal Radiology. 2006;35(11):838-846.
16. Luukkainen R. Nissila M. Asikainen E. Set al. Periarticular corticosteroid treatment of the sacroiliac joint in patients with seronegative spondylarthropathy. Clinical & Experimental Rheumatology. 1999;17(1):88-90.
17. Luukkainen R. Wennerstrand P. Kautiainen H. et al. Efficacy of periarticular corticosteroid treatment of the sacroiliac joint in non-spondylarthropathic patients with chronic low back pain in the region of the sacroiliac joint. Clinical & Experimental Rheumatology. 2002;20(1):52-54.
18. McKenzie-Brown A, Shah R, Sehgal N, Everett C. A Systematic Review of Sacroiliac Joint Interventions. Pain Physician. 2005;8;115-125.
19. MacVicar J, Kreiner DS, Duszynski B, et. al. Appropriate Use Criteria for Fluoroscopically Guided Diagnostic and Therapeutic Sacroiliac Interventions: Results from the Spine Intervention Society Convened Multispecialty Collaborative, Pain Medicine, Volume 18, Issue 11, 1 November 2017, Pages 2081–2095Manchikanti L, Abdi S, Atluri S, et al. An update of comprehensive evidence-based guidelines for interventional techniques of chronic spinal pain: Part II: Guidance and recommendations. Pain Physician. 2013; 16:S49-S283.
20. Manchikanti L, Staats P, Singh V, et al. Evidence-based practice guidelines for interventional techniques in the management of chronic spinal pain. Pain Physician. 2003;6:3-81.
21. Mitchell B, MacPhail T, Vivian D, Verrills P, Barnard A. Radiofrequency neurotomy for sacroiliac joint pain: A prospective study. Surgical Science. 2015;6:265-272.

©2020 eviCore healthcare. All Rights Reserved.

22. Murakami E. Tanaka Y. Aizawa T. et al. Effect of periarticular and intraarticular lidocaine injections for sacroiliac joint pain: prospective comparative study. Journal of Orthopaedic Science. 2007;12(3):274-280.
23. Nelemans P, de Bie R, de Vet H, Sturmans F, Injection therapy for subacute and chronic benign low back pain. Cochrane Database Syst Rev. 2000;(2):CD001824.
24. North American Spine Society (NASS). NASS Coverage Policy Recommendation: Sacroiliac Joint Injections. Copyright © 2015-2017 North American Spine Society
25. Patel J, Schneider B, Smith C on behalf of SIS Patient Safety Committee. Intrarticular Corticosteroid Injections and hyperglycemia. 10/4/17.
26. Patel N, Gross A, Brown L, Gekht G. A randomized, placebo-controlled study to assess the efficacy of lateral branch neurotomy for chronic sacroiliac joint pain. Pain Med.2012; 13:383-398.
27. Pekkafahli M. Kiralp M. Basekim C. et al. Sacroiliac joint injections performed with sonographic guidance. Journal of Ultrasound in Medicine. 2003;22(6):553-559.
28. Rosenberg J. Quint T. de Rosayro A. Computerized tomographic localization of clinically-guided sacroiliac joint injections. Clinical Journal of Pain. 2000;16(1):18-21.
29. Schmidt GL, Bhandutia AK, Altman DT. Management of sacroiliac joint pain. J Am Acad Orthop Surg. 2018;26:610-616. doi: 10.5435/JAAOS-D-15-00063.
30. Schneider B, Rosati R, et al. Challeges in diagnosing sacroiliac joint pain: a narrative review. PMR 11(2019) S 40- 45
31. Slipman C. Lipetz J. Plastaras C. et al. Fluoroscopically guided therapeutic sacroiliac joint injections for sacroiliac joint syndrome. American Journal of Physical Medicine & Rehabilitation. 2001;80(6):425-432.
32. Simopoulos TT, Manchikanti L, Gupta S, et al. Systematic review of the diagnostic accuracy and therapeutic effectiveness of sacroiliac joint interventions. Pain Physician. 2015;18:E713-E756.
33. Stelzer W, Aiglesberger M, Stelzer D, Stelzer V. Use of cooled radiofrequency lateral branch neurotomy for the treatment of sacroiliac joint-mediated low back pain: A large case series. Pain Med. 2013;14:29-35.
34. Vallejo R, Benyamin R, Kramer J, et al. Pulsed radiofrequency denervation for the treatment of sacroiliac joint syndrome. Pain Med. 2006;7:429-434.
35. van der Wurff P. Buijs E. Groen G. A multitest regimen of pain provocation tests as an aid to reduce unnecessary minimally invasive sacroiliac joint procedures. Archives of Physical Medicine & Rehabilitation. 2006; 87(1):10-14.
36. Workloss Data Institute. Official Disability Guidelines.
37. Young S. Aprill C. Laslett M. Correlation of clinical examination characteristics with three sources of chronic low back pain. Spine Journal: Official Journal of the North American Spine Society. 2003;3(6):460-465.
38. Zelle B, Gruen G, Brown S, George S. Sacroiliac joint dysfunction: evaluation and management. Clin J Pain. 2005;21(5):446-455.
39. Zheng P, Schneider B, et al. Image – guided sacroiliac joint injections: an evidence – based review of best practices and clinical outcomes. PMR 11 (2019) S 98 – S 104.

©2020 eviCore healthcare. All Rights Reserved.