



CLINICAL GUIDELINES

CMM-203: Sacroiliac Joint Procedures

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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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Definitions

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Definitions

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**Intra-Articular
Sacroiliac Joint (SIJ)
Injection**

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- or CT-guidance.

- Sacroiliac joint injections performed to determine if the sacroiliac joint is the source of the pain are termed 'diagnostic SIJ injections'.
- Sacroiliac joint injections performed for the purpose of treating sacroiliac joint pain are termed 'therapeutic SIJ injections'.

**Sacral Lateral Branch
Nerve Block**

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 branch 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 (SI) Joint

the synovial joint formed at the junction of the sacrum and ilium.

Sacroiliac Joint Pain

pain originating from the sacroiliac joint as a result of injury, disease, or surgery.

- **Note:** 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 in the **Indications** section for **Diagnostic Sacroiliac Joint Injection**.

General Guidelines

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General Guidelines

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Application of Guideline

- The determination of medical necessity for the performance of intra-articular sacroiliac joint injections is always made on a case-by-case basis.

Injectates

- When criteria have been met, intra-articular sacroiliac joint injections are considered **medically necessary** when performed with an anesthetic, corticosteroid, and/or contrast agent.

Image Guidance

- When criteria have been met, intra-articular sacroiliac joint injections are considered **medically necessary** when performed with CT- or fluoroscopic-guidance with injection of contrast (absent allergy to contrast).

Frequency & Number of Injections/Procedures

- When criteria have been met, only one invasive modality or procedure performed on the same date of service (e.g., facet joint injection, epidural steroid injection, or lumbar sympathetic chain block) is considered **medically necessary**.
- When criteria have been met, no more than two (2) diagnostic intra-articular sacroiliac joint injections are considered **medically necessary** to determine if the sacroiliac joint is the source of the pain.
- When criteria have been met, no more than four (4) therapeutic intra-articular sacroiliac joint injections per SI joint are considered **medically necessary** for the treatment of sacroiliac joint pain during a rolling 12-month period.
 - For the recurrence of pain, a minimum of two (2) months duration is required between each therapeutic intra-articular sacroiliac joint injection.

Health Equity Considerations

Health equity is the highest level of health for all individuals; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which individuals are born, grow, live, work, and age. Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include the following: safe housing, transportation, and neighborhoods; racism, discrimination, and violence;

education, job opportunities, and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

Indications

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Diagnostic Sacroiliac Joint Injection

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Initial

- An initial diagnostic intra-articular sacroiliac joint injection is considered **medically necessary** when ALL of the following criteria have been met:
 - Physical exam demonstrates reproduction of localized sacroiliac joint pain on at least three (3) of the following provocative tests:
 - distraction test (gapping test)
 - FABER test (Patrick's test)
 - thigh thrust test (posterior pelvic pain provocation test)
 - Gaenslen's test
 - sacroiliac joint compression test
 - sacral thrust test
 - Yeoman's test
 - Symptoms include 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; or pain related to spinal instrumentation)
 - Pain has persisted despite BOTH of the following:
 - at least four (4) weeks of conservative treatment (e.g., exercise, physical therapy, chiropractic care, or medications to include nonsteroidal anti-inflammatory drugs [NSAIDs] or analgesics)
 - continued active participation in a rehabilitative program or home exercise program

Repeat

- A repeat diagnostic intra-articular sacroiliac joint injection is considered **medically necessary** when the initial diagnostic intra-articular sacroiliac joint injection resulted in a positive response with $\geq 75\%$ reduction in the reported pain for the duration of the local anesthetic

Therapeutic Sacroiliac Joint Injection

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Initial

- An initial therapeutic intra-articular sacroiliac joint injection for the treatment of sacroiliac joint pain is considered **medically necessary** following a diagnostic intra-articular sacroiliac joint injection that resulted in $\geq 75\%$ reduction in the reported pain for the duration of the local anesthetic.

Repeat

- A repeat therapeutic intra-articular sacroiliac joint injection for the treatment of sacroiliac joint pain is considered **medically necessary** when ALL of the following criteria have been met:
 - a minimum of two (2) months since the prior therapeutic intra-articular sacroiliac joint injection
 - the prior therapeutic intra-articular sacroiliac joint injection resulted in a positive response with $\geq 75\%$ reduction in the reported pain for two (2) or more weeks duration and EITHER of the following:
 - increase in the level of function) for at least two (2) weeks
 - reduction in the use of pain medication and/or additional medical services such as physical therapy/chiropractic care for at least two (2) weeks
 - no more than four (4) therapeutic intra-articular sacroiliac joint injections per SI joint are performed during a rolling 12-month period.

Non-Indications

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Non-Indications

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Not Medically Necessary

- A diagnostic intra-articular sacroiliac joint injection performed without meeting the criteria in the **Definitions**, the **General Guidelines**, and the **Indications** sections is considered **not medically necessary**.
- A therapeutic intra-articular sacroiliac joint injection performed without meeting the criteria in the **Definitions**, the **General Guidelines**, and the **Indications** sections is considered **not medically necessary**.
- Sacroiliac joint injections performed with ultrasound-guidance are considered **not medically necessary**.
- An intra-articular sacroiliac joint injection performed using injectates other than anesthetic, corticosteroid, and/or contrast agent, administered alone or in combination is considered **not medically necessary**.

Experimental, Investigational, or Unproven (EIU)

- L5 medial nerve branch and sacral lateral nerve branch blocks and ablations/neurotomies used for the diagnosis or treatment of sacroiliac joint mediated pain are considered **experimental, investigational, or unproven**.

Codes (CMM-203)

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Codes (CMM-203)

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The inclusion of any code in this table does not imply that the code is under management or requires prior authorization. Refer to the applicable health plan for management details. Prior authorization of a code listed in this table is not a guarantee of payment. The Certificate of Coverage or Evidence of Coverage policy outlines the terms and conditions of the member's health insurance policy.

Code	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
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)

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