Clinical Policy: Sacroiliac Joint Interventions for Pain Management

Reference Number: MC.CP.MP.166 Coding Implications
Date of Last Revision: 08/24 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 are placed into the synovial sac of the SIJ and may provide immediate and significant pain relief.

This policy outlines the medical necessity criteria for sacroiliac joint interventions for pain management. This policy criteria is sourced from Local Coverage Determinations (LCDs) Sacroiliac Joint Injections and Procedures (L39383) as well as treatment guidelines from the North American Spine Society.

Low back pain is the highest cause of disability globally, affecting 50-84% of Medicare-eligible adults at some point in their lives. The benefits of sacroiliac joint injections, when indicated for sacroiliac joint pain, include relief of chronic pain that interferes with activities of daily living (ADLs). Sacroiliac joint injections have the potential to relieve pain and return the individual to their baseline functional status without the need for more invasive surgical interventions, when used appropriately. Risks of receiving sacroiliac joint injections include nerve injury, hematoma, allergic reaction, infection, myotoxicity and secondary injury. For this reason, sacroiliac joint injections should only be performed when they have been proven to be safe and effective in order to reduce unnecessary risks to the recipient.

Risks of sacroiliac nerve blocks and radiofrequency neurotomy (conventional, cooled, and pulsed) include nerve damage, bleeding or bruising at the injection site and infection. Current research does not support effectiveness and therefore more long-term studies are necessary to establish safety and efficacy.[27]

Note: For criteria applicable to non-Medicare plans, please see CP.MP.166 Sacroiliac Joint Interventions.

Policy/Criteria

I. It is the policy of Medicare health plans affiliated with Centene Corporation® that *diagnostic or therapeutic* sacroiliac joint (SIJ) injections performed by a physician are **medically necessary** when all of the below criteria are met:

A. Member/enrollee will receive one injection per visit;[26]
B. Moderate to severe low back pain primarily experienced over the anatomical location of the SI joints between the upper level of the iliac crests and the gluteal fold for at least three months;[26]
C. Low back pain below L5 without radiculopathy;[26]
D. 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]);[26]

E. Failure to respond to a minimum of four weeks of conservative therapy;[26]
F. Clinical findings and/or imaging studies do not suggest any other diagnosed or obvious cause of the lumbosacral pain (such as 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);[26]
G. Requests for sacroiliac joint injections, including one of the following:
    1. *Diagnostic* sacroiliac joint injections when meeting all of the following:
        a. The SI joint injections must be performed under CT or fluoroscopy image guidance with contrast, except ultrasound guidance, which may be considered reasonable and necessary when there is a documented contrast allergy or pregnancy, since the accuracy with ultrasound guidance is inferior to fluoroscopic guidance;[26]
        b. SI joint injections are not performed with other musculoskeletal injections in the lumbosacral spine;[26]
        c. The documentation should show direct causal benefit from the SI joint injection and not from other musculoskeletal injections or treatments;[26]
    2. *Therapeutic* sacroiliac joint injections when meeting all of the following:
        a. The diagnostic SIJ injection provided a minimum of 75% relief of primary (index) pain when measured by the SAME pain scale at baseline. The measurements of pain were taken pre-injection on the day of the diagnostic SIJ injection, post-intervention on the day of the diagnostic injection, and the days following the diagnostic SIJ injection to substantiate and corroborate consistent pain relief for the duration of the local anesthetic and/or steroid used;[26]
        Note: A positive diagnostic response is defined as ≥ 75% sustained and constant pain relief for the duration of the local anesthetic and ≥7 5% sustained and constant pain relief for the duration of the anti-inflammatory steroid.
        b. The SI joint injections must be performed under CT or fluoroscopy image guidance with contrast, except ultrasound guidance, which may be considered reasonable and necessary when there is a documented contrast allergy or pregnancy, since the accuracy with ultrasound guidance is inferior to fluoroscopic guidance.[26]

II. It is the policy of Medicare health plans affiliated with Centene Corporation that a *second diagnostic or confirmatory SIJ injection* is **medically necessary** when meeting all of the following:[26]

A. Pain was improved by at least 75% after the first diagnostic SIJ injection;
B. At least two weeks have passed since the initial injection.

III. It is the policy of Medicare health plans affiliated with Centene Corporation that *subsequent therapeutic SIJ injections* for recurrence of pain are **medically necessary** when meeting all of the following:[26]

A. The therapeutic SIJ injection produced at least 50% consistent pain relief or at least 50% consistent improvement in the ability to perform previously painful movements and

activities of daily living (ADLs) for at least three months from the proximate therapeutic SIJ injection procedure and compared to baseline measurements for ADLs and painful movements or pain relief using the same pain scale;[26]

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. Subsequent therapeutic SIJ injections are provided at the same anatomic site as the initial therapeutic SIJ injection and less than four therapeutic SIJ injections have been given at the same site in the last 12 months.

IV. It is the policy of Medicare health plans affiliated with Centene Corporation that if pain does not improve by ≥ 75% after the second diagnostic SIJ injection, *subsequent SIJ injections* are **not medically necessary** because effectiveness has not been established.[26]

V. It is the policy of Medicare health plans affiliated with Centene Corporation that c*ontinuation of injections* beyond 12 months will be considered on a case-by-case basis when more definitive therapies cannot be tolerated or provided based on the following criteria:.

A. Pain is severe enough to cause a significant degree of functional or vocational disability and providers use established and measurable goals and objective scales to assess functionality and ADL measures;[26]
B. SIJ injections have provided at least 50% sustained and consistent improvement of pain and/or 50% sustained and consistent objective improvement in function for at least three months;[26]
C. Rationale for the continuation of SIJ injections, including but not limited to one of the following:
    1. Member/enrollee is a high-risk surgical candidate;[26]
    2. Member/enrollee does not desire surgery;[26]
    3. Recurrence of pain in the same location was sustained and consistently relieved with the SIJ injections for at least three months;[26]
D. The primary care provider should be notified regarding continuation of procedures and prolonged repeat steroid use to allow for systematic care delivery treatment surveillance and multidisciplinary biopsychosocial rehabilitation (MBR).[26]

VI. It is the policy of Medicare health plans affiliated with Centene Corporation that *sacroiliac nerve blocks* are considered **not medically necessary** because effectiveness has not been established.[27]

VII. It is the policy of Medicare health plans affiliated with Centene Corporation that r*adiofrequency 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.[27]

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

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2023, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

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
Policy created. Reviewed by external specialist.	08/24	08/24

References

1. Visser LH, Woudenberg NP, de Bont J, et al. Treatment of the sacroiliac joint in patients with leg pain: a randomized-controlled trial. *Eur Spine J*. 2013;22(10):2310 to 2317. doi:10.1007/s00586-013-2833-2
2. van Tilburg CW, Schuurmans FA, Stronks DL, Groeneweg JG, Huygen FJ. Randomized Sham-controlled Double-Blind Multicenter Clinical Trial to Ascertain the Effect of Percutaneous Radiofrequency Treatment for Sacroiliac Joint Pain: Three-month Results. *Clin J Pain.* 2016;32(11):921 to 926. doi:10.1097/AJP.0000000000000351
3. Juch JNS, Maas ET, Ostelo RWJG, et al. Effect of Radiofrequency Denervation on Pain Intensity Among Patients With Chronic Low Back Pain: The Mint Randomized Clinical Trials [published correction appears in JAMA. 2017 Sep 26;318(12):1188]. *JAMA.* 2017;318(1):68 to 81. doi:10.1001/jama.2017.7918
4. Manchikanti L, Abdi S, Atluri S, et al. An update of comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations. *Pain Physician*. 2013;16(2 Suppl):S49 to S283.
5. Health Technology Assessment. Conventional radiofrequency ablation for sacroiliac joint denervation for chronic low back pain. Hayes. www.hayesinc.com. Published December 6, 2022. Accessed May 31, 2024.
6. MacVicar J, Kreiner DS, Duszynski B, Kennedy DJ. Appropriate Use Criteria for Fluoroscopically Guided Diagnostic and Therapeutic Sacroiliac Interventions: Results from the Spine Intervention Society Convened Multispecialty Collaborative. *Pain Med*. 2017;18(11):2081 to 2095. doi:10.1093/pm/pnx253
7. Chou R, Hashimoto R, Friedly J, et al. *Pain Management Injection Therapies for Low Back Pain*. Rockville (MD): Agency for Healthcare Research and Quality (US); 2015.
8. Chou R. Subacute and chronic low back pain: nonsurgical interventional treatment. UpToDate. www.uptodate.com. Updated May 15, 2024. Accessed May 31, 2024.
9. Chou R, Qaseem A, Snow V, et al. Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society

[published correction appears in Ann Intern Med. 2008 Feb 5;148(3):247-8]. *Ann Intern Med*. 2007;147(7):47 to 491. doi:10.7326/0003-4819-147-7-200710020-00006
10. Chou R, Qaseem A, Owens DK, Shekelle P; Clinical Guidelines Committee of the American College of Physicians. Diagnostic imaging for low back pain: advice for high-value health care from the American College of Physicians [published correction appears in Ann Intern Med. 2012 Jan 3;156(1 Pt 1):71]. *Ann Intern Med*. 2011;154(3):181 to 189. doi:10.7326/0003-4819-154-3-201102010-00008
11. Chou R, Loeser JD, Owens DK, et al. Interventional therapies, surgery, and interdisciplinary rehabilitation for low back pain: an evidence-based clinical practice guideline from the American Pain Society. *Spine (Phila Pa 1976)*. 2009;34(10):1066 to 1077. doi:10.1097/BRS.0b013e3181a1390d
12. Heggeness MH. AAOS endorses back pain guidelines. *AAOS Now*. https://www.mainegeneral.org/app/files/public/6460f387-09dc-4968-b162-eee6121a1497/aaosbackpainguidelines.pdf. Published September 2010. Accessed May 31, 2024.
13. Laslett M. Evidence-based diagnosis and treatment of the painful sacroiliac joint. *J Man Manip Ther*. 2008;16(3):142 to 152. doi:10.1179/jmt.2008.16.3.142
14. Maas ET, Ostelo RW, Niemisto L, et al. Radiofrequency denervation for chronic low back pain. *Cochrane Database Syst Rev*. 2015;(10):CD008572. Published 2015 Oct 23. doi:10.1002/14651858.CD008572.pub2.
15. Manchikanti L, Datta S, Derby R, et al. A critical review of the American Pain Society clinical practice guidelines for interventional techniques: part 1. Diagnostic interventions. *Pain Physician*. 2010;13(3):E141 to E174.
16. Manchikanti L, Datta S, Gupta S, et al. A critical review of the American Pain Society clinical practice guidelines for interventional techniques: part 2. Therapeutic interventions. *Pain Physician*. 2010;13(4):E215 to E264.
17. 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(5):E713-E756.
18. Soloman M, Mekhail MN, Mekhail N. Radiofrequency treatment in chronic pain. *Expert Rev Neurother*. 2010;10(3):469 to 474. doi:10.1586/ern.09.153
19. Staal JB, de Bie R, de Vet HC, Hildebrandt J, Nelemans P. Injection therapy for subacute and chronic low-back pain. *Cochrane Database Syst Rev*. 2008;2008(3):CD001824. Published 2008 Jul 16. doi:10.1002/14651858.CD001824.pub3
20. Qaseem A, Wilt TJ, McLean RM, et al. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. *Ann Intern Med*. 2017;166(7):514 to 530. doi:10.7326/M16-2367
21. Chen CH, Weng PW, Wu LC, Chiang YF, Chiang CJ. Radiofrequency neurotomy in chronic lumbar and sacroiliac joint pain: A meta-analysis. *Medicine (Baltimore)*. 2019;98(26):e16230. doi:10.1097/MD.0000000000016230
22. North American Spine Society. Evidence-based clinical guidelines for multidisciplinary spine care: diagnosis and treatment of low back pain. https://www.spine.org/Portals/0/assets/downloads/ResearchClinicalCare/Guidelines/LowBackPain.pdf. Published 2020. Accessed May 31, 2024.

23. Janapala RN, Manchikanti L, Sanapati MR, et al. Efficacy of radiofrequency neurotomy in chronic low back pain: a systematic review and meta-analysis. *J Pain Res*. 2021;14:2859 to 2891. Published 2021 Sep 10. doi:10.2147/JPR.S323362
24. Ho KY, Hadi MA, Pasutharnchat K, Tan KH. Cooled radiofrequency denervation for treatment of sacroiliac joint pain: two-year results from 20 cases. *J Pain Res*. 2013;6:505 to 511. Published 2013 Jul 4. doi:10.2147/JPR.S46827
25. Chou R, Fu R, Dana T, Pappas M, Hart E, Mauer KM. Interventional Treatments for Acute and Chronic Pain: Systematic Review. Comparative Effectiveness Review No. 247. (Prepared by the Pacific Northwest Evidence-based Practice Center under Contract No. 75Q80120D00006.) AHRQ Publication No. 21-EHC030. Rockville, MD: Agency for Healthcare Research and Quality; September 2021. doi: 10.23970/AHRQEPCCER247.
26. Local Coverage Determination: sacroiliac joint injections and procedures (L39383). Centers for Medicare and Medicaid Services Web site. http://www.cms.hhs.gov/mcd/search.asp. Published March 19, 2023. Accessed May 31, 2024.
27. North American Spine Society. Coverage policy recommendations: sacroiliac joint injections and radiofrequency ablation. https://www.spine.org/Coverage Published October 2020. Accessed May 31, 2024.
28. Kishner S, Faciane JL. Sacroiliac joint injection periprocedural care. Medscape. https://emedicine.medscape.com/article/103399-periprocedure. Updated January 30, 2023. Accessed May 31, 2024.
29. Wu L, Tafti D, Varacallo M. Sacroiliac Joint Injection. 2023 May 29. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan–. PMID: 30020617.

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. The Health Plan 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. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to

applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of member/enrollees. This clinical policy is not intended to recommend treatment for member/enrollees. Member/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, member/enrollees, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, member/enrollees and their representatives agree to be bound by such terms and conditions by providing services to member/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid member/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare member/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.