

Clinical Policy: Sacroiliac Joint Interventions for Pain Management

Reference Number: CP.MP.166

Last Review Date: 08/18

[Coding Implications](#)

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Description

Treatment for sacroiliac joint (SIJ) dysfunction is usually conservative (non-surgical) and focuses on trying to restore normal motion in the joint. 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

It is the policy of health plans affiliated with Centene Corporation[®] that invasive pain management procedures performed by a physician are **medically necessary** when *the relevant criteria are met and the patient receives only one procedure per visit, with or without radiographic guidance.*

- I. Sacroiliac joint injections are **medically necessary** for the following indications:
 - A. *One diagnostic sacroiliac joint (SIJ) injection* for SIJ pain:
 1. Somatic or nonradicular low back and lower extremity pain below the level of L5 vertebra that interferes with ADLs for at least 3 months;
 2. Tenderness by palpation present over SIJ;
 3. There is a positive response to at least three SIJ pain provocation tests (distraction, compression, thigh thrust, Gaenslen's, or sacral thrust);
 4. The member has failed to respond to conservative therapy including all of the following:
 - a. ≥ 6 weeks chiropractic, physical therapy or prescribed home exercise program;
 - b. NSAID ≥ 3 weeks or NSAID contraindicated or not tolerated;
 - c. ≥ 6 weeks activity modification;
 5. Clinical findings and imaging studies, when available, lack obvious evidence for disc-related or facet joint pain;
 6. No other possible diagnosis is more likely.
 - B. *A second diagnostic sacroiliac joint injection*, all of the following:
 1. Pain did not improve after the first SIJ injection;
 2. At least 2 weeks have passed since the initial SIJ injection.
 - C. *Therapeutic SIJ injections*, all of the following:
 1. There is $\geq 50\%$ relief for at least 2 months associated with functional improvement from the initial injection(s);
 2. Request is for SIJ 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;
 3. SIJ injection is given at intervals at least 2 months apart;

4. Less than 4 therapeutic SIJ injections have been given at the same site in the last 12 months.

II. It is the policy of health plans affiliated with Centene Corporation that if pain does not improve by $\geq 50\%$ after the first or second diagnostic SIJ injections, *subsequent SIJ injections* are **not medically necessary** because effectiveness has not been established.

III. It is the policy of health plans affiliated with Centene Corporation that *continuation of injections* beyond 12 months is considered **not medically necessary** because effectiveness and safety has 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 health plans affiliated with Centene Corporation 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

Treatment for sacroiliac joint dysfunction is usually conservative (non-surgical) and focuses on trying to restore normal motion in the joint. In patients who have failed 4 to 6 weeks of a comprehensive exercise program, local icing, mobilization/manipulation and NSAIDs, 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. At least 50% resolution of the patient's pain over the ipsilateral SIJ is considered diagnostic of pain emanating from the SIJ. 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.

Several studies without control groups have concluded that SIJ injections improve pain in the short term.¹ However, the majority of studies have small sample sizes and most lack comparison to standard interventions such as physical therapy.

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 6 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.² A second choice of treatment to be considered is an intra-articular injection.²

SIJ Radiofrequency Neurotomy

A growing number of studies have assessed the effect of treatment with radiofrequency denervation on SIJ pain, with mixed results. One study found no difference between conventional radiofrequency ablation (RFA) and a sham treatment on pain relief.³ A 2017

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publication of 3 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.⁴ A few fair to poor quality studies, as rated by Hayes, found positive results from conventional and cooled RFA.¹ 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 Due to varying anatomy, there is no standard approach to denervation of the sacroiliac joint, nor clearly defined criteria for patient selection.¹

Coding Implications

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

HCPCS Codes	Description
N/A	

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code requiring an additional character

ICD-10-CM Code	Description
M43.08	Spondylolysis, sacral and sacrococcygeal region
M46.1	Sacroiliitis, not elsewhere classified
M47.818	Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region
M53.3	Sacrococcygeal disorders, not elsewhere classified
M53.87	Other specified dorsopathies, lumbosacral region
M53.88	Other specified dorsopathies, sacral and sacrococcygeal region
M54.30-M54.32	Sciatica
M54.40-M54.42	Lumbago with sciatica
M54.5	Low back pain
M54.81	Other dorsalgia
M54.9	Dorsalgia, unspecified

Reviews, Revisions, and Approvals	Date	Approval Date
Policy split from CP.MP.118 Injections for Pain Management. Minor rewording for clarity. Clarified II. by adding “ $\geq 50\%$ ” to the statement. Background updated.	08/18	08/18

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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. 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.

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Note: For Medicare members, 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.

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