Sacroiliac Joint Injections

Clinical Guidelines for Medical Necessity Review

Version: 3
Effective Date: September 20, 2024

Important Notices

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Guideline Information:

Specialty Area: Diseases & Disorders of the Musculoskeletal System (M00-M99)
Guideline Name: Sacroiliac Joint Injections (Single Service)

Literature review current through: 9/20/2024
Document last updated: 9/20/2024
Type: [**X**] Adult (18+ yo) | [**X**] Pediatric (0-17 yo)

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Medical Necessity Criteria

Service: Sacroiliac Joint Injections

General Guidelines

- **Units, Frequency, & Duration: Units, Frequency, & Duration:** When the medical necessity criteria are met, a total of four sacroiliac (SI) joint injections per episode of pain per region may be performed in six months.
- **Criteria for Subsequent Requests:** If the first injection resulted in a 50% improvement of symptoms for three months, a second injection might be appropriate. If the first injection was not beneficial, a second injection is not recommended.[1]
- **Recommended Clinical Approach:** None.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Sacroiliac Joint Injections** are considered appropriate if **ANY** of the following are **TRUE**[1-3]:

- ◆ The injection is a diagnostic, intra-articular SI joint injection, and **ALL** of the following are **TRUE**:
  - Frequency limitation indicated by **ALL** of the following:
    - No other pain injections are done in lumbosacral spine with SI joint injection; **AND**
    - No more than 2 diagnostic injections per SI joint per pain episode for diagnostic purposes; **AND**
  - The patient has nonradicular pain, typically unilateral, maximal below the L5 vertebrae, consistent with SI joint pain that persists for at least 3 months; **AND**
  - The patient has localized tenderness with palpation over the sacral sulcus (Fortin's point); **AND**
  - The patient has a positive response to three or more SI joint provocative tests, including **ANY** of the following[2]:
    - Distraction test; **OR**

        - Compression test; **OR**
        - Thigh thrust test; **OR**
        - Gaenslen's test; **OR**
        - FABER maneuver/Patrick's sign; **OR**
        - Posterior provocation test; **AND**
    - Failure of conservative management for greater than 6 weeks, including **ALL** of the following:
        - Oral steroids, anti-inflammatory medications, or analgesics, if not contraindicated; **AND**
        - Physical therapy; **AND**
- The injection is a therapeutic, intra-articular SI joint injection, and **ALL** of the following is **TRUE**:
    - Frequency limitation indicated by **ALL** of the following:
        - No more than one pain injection being performed in the sacrolumbar spine in a session; **AND**
        - No more than 4 therapeutic SI joint injections per episode of SI joint pain in a rolling 12 months; **AND**
    - **ANY** of the following is **TRUE**:
        - The patient has pain that has been confirmed by at least one diagnostic intra-articular SI joint injection with greater than or equal to 50% pain relief; **AND**
        - The patient has advanced imaging (bone scan or MRI) that demonstrates inflammation or increased uptake in the SI joint; **OR**
        - The patient has spondyloarthropathy, such as ankylosing spondylitis.

Non-Indications

- **Sacroiliac joint injections** may not be appropriate if **ANY** of the following is **TRUE**[2]:
    - Allergy to cortisone injections; **OR**
    - Coagulopathy or recent use of blood-thinning agents; **OR**
    - Injections of biologics or other substances that are non-FDA approved for SI joint injections; **OR**
    - SI joint injection performed without radiographic image guidance.

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
27096	Injection of anesthetic into sacroiliac joint using imaging guidance; Injection of anesthetic into sacroiliac joint with arthrography using imaging guidance; Injection of steroid into sacroiliac joint using imaging guidance; Injection of steroid into sacroiliac joint with arthrography using imaging guidance; Injection of anesthetic into sacroiliac joint using fluoroscopic guidance; Injection of anesthetic into sacroiliac joint with arthrography using fluoroscopic guidance; Injection of steroid into sacroiliac joint using fluoroscopic guidance; Injection of anesthetic into sacroiliac joint using computed tomography (CT) guidance; Injection of anesthetic into sacroiliac joint with arthrography using computed tomography (CT) guidance; Injection of steroid into sacroiliac joint using computed tomography (CT) guidance; Injection of steroid into sacroiliac joint with arthrography using computed tomography (CT) guidance; Injection of steroid into sacroiliac joint with arthrography using fluoroscopic guidance
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
76000	Imaging guidance for procedure, up to 1 hour
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography

Medical Evidence

Janapala et al. (2023) performed a systematic review and meta-analysis on the efficacy of sacroiliac joint (SI) joint injections for low back pain. The review included 11 randomized control trials (RCTs) and three observational studies that demonstrated positive pain relief outcomes (short- and long-term). The authors note the limitation of a lack of standardized patient selection and studies having a lack of uniform diagnostic blocks and dual blocks.[4]

Aranke et al. (2022) performed a review of the literature on minimally invasive and conservative interventions for the treatment of SI joint pain. Treatment options include physical therapy; intra-articular joint injections; radiofrequency ablation; platelet-rich plasma, prolotherapy, and biologics. While positive outcomes are reported, evidence supports the use of minimally invasive procedures in combination with conservative management. Additional clinical studies are needed.[5]

Joukar et al. (2020) reviewed 55 studies that focused on SI joint fixation techniques and the biomechanical outcomes of the surgical procedures. While evidence supports various techniques, issues identified for further research include the optimal number and positioning of implants, unilateral vs bilateral placements, adjacent segment disease, implant designs, and optimal location of implants. Bone density variations of the SI joint also warrant additional research.[6]

The American Society of Interventional Pain Physicians (ASIPP) published guidance on *Epidural Interventions in the Management of Chronic Spinal Pain.* Recommendations are provided for various treatments for back pain, including SI joint injections.[7]

References

1. Rados I, Sakic K, Fingler M, et al. Efficacy of interlaminar vs transforaminal epidural steroid injection for the treatment of chronic unilateral radicular pain: Prospective, randomized study. *Pain Med*. 2011 Sep;12(9):1316-21. doi: 10.1111/j.1526-4637.2011.01213.x. PMID: 21914118.
2. Lord SM, Barnsley L, Bogduk N. The utility of comparative local anesthetic blocks versus placebo-controlled blocks for the diagnosis of cervical zygapophysial joint pain. *Clin J Pain*. 1995 Sep;11(3):208-13. doi: 10.1097/00002508-199509000-00008. PMID: 8535040.
3. North American Spine Society (NASS). NASS coverage policy recommendations: Sacroiliac joint injections and radiofrequency ablation. Published October 2020. Accessed July 1, 2024. https://www.spine.org/.
4. Janapala RN, Knezevic E, Knezevic NN, et al. Systematic review and meta-analysis of effectiveness of therapeutic sacroiliac joint injections. *Pain Physician*. 2023;26(5):E413-E435. PMID: 37774179.
5. Aranke M, McCrudy G, Rooney K, et al. Minimally invasive and conservative interventions for the treatment of sacroiliac joint pain: A review of recent literature. *Orthop Rev (Pavia)*. 2022;14(4):34098. Published 2022 May 31. doi:10.52965/001c.34098. PMID: 35769646.
6. Joukar A, Kiapour A, Elgafy H, et al. Biomechanics of the sacroiliac joint: Surgical treatments. *Int J Spine Surg*. 2020;14(3):355-367. doi: 10.14444/7047. PMID: 32699758; PMCID: PMC7343255.
7. Manchikanti L, Knezevic NN, Navani A, et al. Epidural interventions in the management of chronic spinal pain: American Society of Interventional Pain Physicians (ASIPP) comprehensive evidence-based guidelines. *Pain Physician*. 2021;24(S1):S27-S208. PMID: 33492918.

Clinical Guideline Revision History/Information

Original Date: April 21, 2021		
Review History		
Version 2	12/15/2023	
Version 3	9/20/2024	Updated language regarding conservative treatment.