



# **Cohere Medical Policy - Sacroiliac Joint Injections and Radiofrequency Ablation (RFA)**

*Clinical Policy for Medical Necessity Review*

**Version: 5**

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Next Annual Review: December 18, 2026

# Important Notices

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## Policy Information:

**Specialty Area:** Musculoskeletal Care

**Policy Name:** Cohere Medical Policy - Sacroiliac Joint Injections and Radiofrequency Ablation (RFA)

**Type:**  Adult (18+ yo) |  Pediatric (0-17 yo)

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# Medical Necessity Criteria

## ***Service: Sacroiliac Joint Injections and Radiofrequency Ablation (RFA)***

Cohere Health takes an evidence-based approach to reviewing imaging and procedure requests, meaning that sufficient clinical information must be provided at the time of submission to determine medical necessity.

Documentation must include a recent and detailed history, physical examination related to the onset or change in symptoms, relevant lab results, prior imaging, and details of previous treatments. Advanced imaging or procedures should be requested after a clinical evaluation by the treating provider, which may include referral to a specialist.

- When a specific clinical indication is not explicitly addressed in the Cohere Health medical policy, medical necessity will be determined based on established clinical best practices, as supported by evidence-based literature, peer-reviewed sources, professional society guidelines, and state or national recommendations, unless otherwise directed by the health plan.
- Requests submitted without clinical documentation, or those that do not align with the provided clinical information—such as mismatched procedure, laterality, body part, or CPT code—may be denied for lack of medical necessity due to insufficient or inconsistent clinical information.
- When there are multiple diagnostic or therapeutic procedures requested simultaneously or within the past three months, each will be reviewed independently. Clinical documentation must clearly justify all of the following:
  - The medical necessity of each individual request
  - Why prior imaging or procedures were inconclusive, or why additional/follow-up studies are needed
  - How the results will impact patient management or treatment decisions
- Requests involving adjacent or contiguous body parts may be considered not medically necessary if the documentation demonstrates that the patient's primary symptoms can be adequately assessed with a single study or procedure.

## **Description**

Injections for chronic sacroiliac (SI) joint pain are given for diagnostic or therapeutic purposes. The standard of care for chronic SI joint pain is to start with non-surgical management. This may include physical therapy together with analgesic therapy, such as non-steroidal anti-inflammatory drugs (NSAIDs) or other analgesics, if not contraindicated. When conservative therapies are ineffective, invasive procedures are considered, including local anesthetic injections (with or without steroids) into the SI joint between the spine and the pelvis.

Radiofrequency ablation (RFA) of the nerves innervating the SI joint is not considered medically reasonable and necessary.

## **Medical Necessity Criteria**

### **Indications**

A **sacroiliac (SI) joint injection** is considered appropriate if **ALL** of the following are **TRUE**<sup>1-2</sup>:

- Clinical evaluation (including history and physical examination) shows **ALL** of the following:
  - Low back pain for at least 3 months; **AND**
  - Moderate-to-severe pain as measured on a pain scale (e.g., numeric rating scale [NRS] or visual analog scale [VAS] greater than or equal to 4 out of 10); **AND**
  - Localized tenderness with palpation over the SI joint area or sacral sulcus (Fortin's point); **AND**
  - Positive response to **AT LEAST 3** SI joint provocative tests, including **ANY** of the following:
    - Distraction test; **OR**
    - Compression test; **OR**
    - Thigh thrust test; **OR**
    - Gaenslen's test; **OR**
    - Yeoman's test; **OR**
    - FABER maneuver/Patrick's sign; **OR**
    - Posterior provocation test; **AND**
- Failure of conservative management<sup>A</sup>, including **ALL** of the following:
  - Anti-inflammatory medications, non-opioid analgesics, neuropathic medications, or other pain medications, if not contraindicated; **AND**

- **ANY** of the following:
  - **ALL** of the following:
    - Physical therapy (PT) and/or documentation of patient compliance with a home exercise prescription/plan (HEP) provided by a physician or physical therapist targeting the requested region; **AND**
    - PT/HEP tried for a duration of 4 weeks or more within the past 6 months; **OR**
    - Progression or worsening of symptoms due to PT/HEP treatment; **OR**
    - For a repeat injection in the same region, documentation of ongoing rehabilitative approaches (e.g., physical therapy, chiropractic care, or physician-guided home exercise program); **AND**
- **ANY** of the following:
  - The injection is a diagnostic, intra-articular sacroiliac (SI) joint injection, and **ALL** of the following are **TRUE**:
    - No other pain injections in the lumbosacral spine will be performed with the SI joint injection; **AND**
    - No more than 2 diagnostic injections per SI joint for diagnostic purposes; **OR**
  - The injection is a therapeutic, intra-articular SI joint injection, and **ALL** of the following is **TRUE**:
    - No other pain injections in the lumbosacral spine will be performed with the SI joint injection; **AND**
    - No more than 4 therapeutic SI joint injections per SI joint in a rolling 12 months; **AND**
    - **ANY** of the following:
      - For an initial therapeutic injection, the patient has SI joint pain confirmed by at least 1 diagnostic intra-articular SI joint injection on the same side, with greater than or equal to 50% pain relief; **OR**
      - For a subsequent therapeutic injection, the most recent therapeutic SI joint injection to the same side provided greater than or equal to 50% pain relief for 3 months.

## Non-Indications

A **sacroiliac (SI) joint injection** is not appropriate if **ANY** of the following is **TRUE**:

- Request for SI joint injection with biologics (e.g., platelet-rich plasma, stem cells, amniotic fluid); **OR**

- SI joint injection is performed without fluoroscopy or computed tomography (CT) guidance; **OR**
- SI joint injection is performed with ultrasound image guidance, except for injections performed during pregnancy where it would be reasonable to avoid radiographs<sup>8</sup>; **OR**
- The request is for diagnostic anesthetic blocks of the nerves innervating the SI joint to assess candidacy for radiofrequency ablation (RFA); **OR**
- The request is for SI joint RFA or RFA of nerves innervating the SI joint.

**Definitions**

**<sup>A</sup>Failure of conservative management:**

- The patient has completed a full course of conservative management without meaningful improvement.
- Patient noncompliance, closure of therapy offices, and patient inconvenience do *not* constitute a failure of conservative treatment.

**Level of Care Criteria**

Outpatient

**Procedure Codes (CPT/HCPCS)**

CPT/HCPCS Code	Code Description
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (e.g., fluoroscopy or computed tomography)
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
76000	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional

	time
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 controlled trials (RCTs) and three observational studies that demonstrated positive pain relief outcomes (short- and long-term). The authors noted the lack of standardized patient selection criteria and the lack of uniform diagnostic blocks and dual blocks among the studies reviewed, which limits the generalizability of the conclusions drawn.<sup>6</sup>

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 were reported with invasive interventions, the evidence supported the use of minimally invasive procedures in combination with conservative management. Additional clinical studies are needed to draw more concrete conclusions on optimal management approaches.<sup>9</sup>

Joukar et al. (2020) reviewed 55 studies that focused on SI joint fixation techniques and the biomechanical outcomes of surgical procedures. The authors noted that if 3 or more provocation tests are positive, a diagnosis of the SI joint as the source of pain is acceptable. However, the review found inconsistent findings among clinical studies in the success of identifying the pain source to be SI joint dysfunction. The authors inferred that diagnostic blocks were the most reliable methods for diagnosing SI joint pain.<sup>10</sup>

Vu et al. (2024) conducted a comprehensive literature review to evaluate the effectiveness of SI joint corticosteroid injection in axial spondyloarthritis, a chronic rheumatic, musculoskeletal, inflammatory disease that frequently includes sacroiliitis. From a review of 7 studies, the authors concluded that SI joint corticosteroid injections can be appropriate and effective in the treatment of refractory axial spondyloarthritis. All 7 studies reported a trend toward reduced pain severity after SI joint corticosteroid injections. The authors also recommended image guidance when performing SI joint injections for better outcomes due to the complexity and heterogeneity of the anatomy of the SI joint.<sup>11</sup>

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# Policy Revision History/Information

Original Date: April 21, 2021		
Review History		
Version 2	12/15/2023	Policy criteria reviewed and updated per medical literature
Version 3	9/20/2024	Updated language regarding conservative treatment.
Version 4	12/12/2024	<p>Annual review</p> <p>Aligned to current policy guidelines.</p> <p>Medical Evidence updated.</p> <p>References updated.</p> <p>CPT codes and descriptions updated; temporary codes deleted.</p> <p>Indications and non-indications were updated for clarity and ease of conversion to rules.</p> <p>Combined SI joint injection procedures into one policy (including a change to non-coverage of RFA).</p>
Version 5	12/18/2025	<p>Annual review.</p> <p>Updated conservative care section for clarity; refined language and added options for worsening symptoms with PT and for ongoing rehabilitation for repeat injections.</p> <p>Updated references.</p> <p>Minor edits for readability and clarity.</p>