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

Clinical Guidelines for Medical Necessity Review

Version: 4
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Important Notices

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Guideline Information:

Specialty Area: Disorders of the Musculoskeletal System
Guideline Name: Cohere Medical Policy - Sacroiliac Joint Injections
Date of last literature review: 11/21/2024
Document last updated: 11/21/2024
Type: [**X**] Adult (18+ yo) | [**X**] Pediatric (0-17 yo)

Table of Contents

Medical Necessity Criteria

Service: Sacroiliac Joint Injections and Radiofrequency Ablation (RFA)

Recommended Clinical Approach

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 is **TRUE**[1-7]:
  - ◆ 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., NRS or 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 3 or more 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 for greater than 6 weeks, including **ALL** of the following:
        - Anti-inflammatory medications, analgesics, or prescription medications (e.g., oral steroids, narcotics, neuropathic pain medications) if not contraindicated; **AND**
        - Physical therapy; **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 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 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, etc.); **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[8]; **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.

Level of Care Criteria

Outpatient

Procedure Codes (CPT/HCPCS)

CPT/HCPCS Code	Code Description/Definition
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 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.[6]

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 to draw more concrete conclusions.[9]

Joukar et al. (2020) reviewed 55 studies that focused on SI joint fixation techniques and the biomechanical outcomes of surgical procedures. The authors note, 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 infer, that diagnostic blocks are the most reliable methods for diagnosing SI joint pain.[10]

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.[11]

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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.
Version 4	12/12/2024	• Annual review • Aligned to current policy guidelines. • Medical Evidence updated. • References updated. • CPT codes and descriptions updated; temporary codes deleted • Indications and non-indications were updated for clarity and ease of conversion to rules • Combined SI joint injection procedures into one policy (including a change to non-coverage of RFA).