

Medical Affairs Policy & Procedure

Title/Service: Sacroiliac Joint Injections, Sacroiliac Joint Ablation, Sacroiliac Neuroablation

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| Revised | |
| Reviewed | 10/31/03, 12/09/05, 05/18/07, 11/21/08, 12/28/09, 07/27/10, 11/18/11 |
| Developed | |
| Policy Committee Approval | 11/18/11 |

Description:

Sacroiliac pain is usually described as low back and buttock pain. The symptoms are related to an inflammatory process in the joint between the spinal column and pelvis. Injections are performed for both diagnostic and therapeutic purposes. If there is no relief of symptoms following an injection, it can be assumed that the symptoms are due to a different pain generator. Either a local anesthetic, a steroid, or a combination of both can be used.

Indications of Coverage:

Sacroiliac joint injections are considered medically necessary if all of the following conditions are met:

Chronic back and buttock pain symptoms (at least three months in duration) without radicular symptoms (pain, numbness, or tingling in an extremity). If performed, the nerve root tension test (straight leg raise) must be negative.

Symptoms that have failed to respond to a one-month trial of more conservative therapies including anti-inflammatory medications (or other analgesic medication if the anti-inflammatory medication is contraindicated) used on a regular basis and physical and/or chiropractic therapy. If the symptoms are severe (requiring urgent medical care), the trial of conservative therapy may not be required.

Average pain levels of greater than or equal to 6 on a scale of 0 to 10 are documented.

If the above criteria are met, allow an initial sacroiliac joint injection. If the individual has experienced a reduction in pain symptoms of at least 50% for at least one week following the initial sacroiliac joint injection, a second injection can be approved. The second sacroiliac joint injection must be given at least one week after the previous injection. Additional sacroiliac joint injections must be given at least eight weeks after the second injection and only if the individual has experienced a reduction in pain symptoms of at least 50% for at least six weeks.

Fluoroscopic guidance is required for sacroiliac joint injections.

Up to four sacroiliac joint injections may be approved in a year.

Limitations of Coverage:

Review contract and endorsements for exclusions and prior authorization or benefit requirements.

If used for a condition/diagnosis other than is listed in the Indications of Coverage, deny as experimental or investigative.

If used for a condition/diagnosis that is listed in the Indications of Coverage, but the criteria are not met, deny as not medically necessary.

If the previous sacroiliac joint injections were not effective (symptoms reduced by at least 50%), subsequent injections are not medically necessary.

A sacroiliac joint injection provided less than one week after the previous injection is considered not medically necessary.

More than four sacroiliac joint injections (for either the right or left sacroiliac joint) in one year are considered not medically necessary.

Sacroiliac joint injections provided without the use of fluoroscopic guidance are not current standard medical practice and would be considered not medically necessary. Performing a sacroiliac joint arthrogram (CPT code 73542) in conjunction with a sacroiliac joint injection is considered not medically necessary unless the joint is being evaluated for damage due to trauma.

Lumbar and sacral medial and/or lateral branch nerve blocks for diagnosing sacroiliac joint pain are not the standard of care and are therefore not medically necessary.

Lumbar and sacral medial branch neuroablation for treating sacroiliac joint pain is not the standard of care and are therefore not medically necessary.

Diagnostic sacroiliac joint injections preparatory to sacroiliac joint ablation and ablation of the sacroiliac joint are both considered experimental or investigative as there is insufficient peer-reviewed medical literature documenting the effectiveness of these procedures.

Injection of a caustic agent such as phenol or alcohol into a sacroiliac joint is considered experimental or investigative.

Documentation Required:

- History and physical, office notes and relevant reports of prior procedures

Rationale:

Recent studies have suggested that the sacroiliac joint is a significant source of low back pain. Although there are few randomized controlled clinical trials documenting the effectiveness of sacroiliac joint injections for the management of low back pain, these injections have become widely used. There is no peer-reviewed literature regarding the effectiveness of ablation of the sacroiliac joint or nerves.

References:

1. Boswell MV, Trescot AM, Datta S, Schultz DM, Hansen HC, Abdi S, Sehgal N, Shah RV, Singh V, Benyamin RM, Patel VB, Buenaventura RM, Colson JD, Cordner HJ, Epter RS, Jasper JF, Dunbar EE, Atluri SL, Bowman RC, Deer TR, Swicegood JR, Staats PS, Smith HS, Burton AW, Kloth DS, Giordano J, Manchikanti L. Interventional techniques: evidence-based practice guidelines in the management of chronic spinal pain. *Pain Phys* 2007 Jan;10(1):7-111. Available at: www.asipp.org/documents/guidelines2007.pdf. Accessed: 11 Jul 10.
2. Foley BS, Buschbacher RM. Sacroiliac joint pain: anatomy, biomechanics, diagnosis, and treatment. *Am J Phys Med Rehabil*. 2006 Dec; 85(12):997-1006.
3. Hansen HC, McKenzie-Brown AM, Cohen SP, Swicegood JR, Colson JD, Manchikanti L. Sacroiliac joint interventions: a systematic review. *Pain Physician*. 2007 Jan; 10(1):165-84. Available at: www.painphysicianjournal.com/2007/january/2007;10;165-184.pdf. Accessed: 11 Jul 10.
4. Manchikanti L, Boswell MV, Singh V, Benyamin RM, Fellows B, Abdi S, Buenaventura RM, Conn A, Datta S, Derby R, Falco FJE, Erhart S, Diwan S, Hayek SM, Helm II J, Parr AT, Schultz DM, Smith HS, Wolfer LR, and Hirsch JA. Comprehensive Evidence-Based Guidelines for Interventional Techniques in the Management of Chronic Spinal Pain. *Pain Physician* 2009; 12: 699-802. Available at: www.asipp.org/documents/ComprehensiveEvidence-BasedGuidelinesforInterventionalTechniquesintheManagementofChronicSpin.pdf. Accessed: 11 Jul 10.

Approved by the Medical Director