*National Imaging Associates, Inc.	
Clinical guidelines: **SACROILIAC JOINT INJECTIONS**	**Original Date: January 2014**
CPT Codes: 27096, G0260	**Last Revised Date: JanuaryMay 2023**
Guideline Number: NIA_CG_305	**Implementation Date: Julyanuary 2024**

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GENERAL INFORMATION

It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.

SPECIAL NOTE

Any injection performed at least two years from prior injections in the same region will be considered a new episode of care and the **INITIAL** injection requirements must be met for approval. Events such as surgery on the same spinal region or any new pathology would also prompt a new episode of care.

See Legislative Requirements for specific mandates in the State of Washington

INDICATIONS [1, 2, 3]

SACROILIAC JOINT (SIJ) INJECTIONS (Intraarticular or ligamentous injections only)

For the treatment of Sacroiliac Joint (SIJ) pain **ALL** of the following must be met:

- Primarily axial low back pain (below level of L5) which may radiate to the groin or lower extremity[1]
- Pain causing functional disability or average pain level of ≥ 6 on a scale of 0 to 10[1-3] related to the requested spinal region.
- A cluster of any three (3) of the following p~~P~~ositive provocation exam [2, 4, 5] findings to suggest the diagnosis:
    - Pelvic (SI) distraction test
    - Pelvic (SI) compression test
    - Sacral Thrust test
    - FABER (Patrick's test)
    - Posterior shear test
    - Yeoman's test
    - Gaenslen's test[4, 5]
    - ~~Anterior Impingement test~~
    - ~~Log roll~~
    - Thigh Thrust test
- Duration of pain of at least **3 months**
- Failure to respond to non-operative conservative therapy* targeting the requested spinal region for a minimum of 6 weeks in the last 6 months unless the medical reason this treatment cannot be done is clearly documented; **OR** details of active engagement

in ongoing non-operative conservative non-operative therapy* if the individual has had prior spinal injections in the same region~~[1, 2]~~

SPONDYLOARTHROPATHY TREATMENT [4, 6, 7]~~[6]~~

ALL of the following must be met:

- The individual has experienced ≥ 3 months of low back pain
- Age of onset < 45 years
- Comprehensive pain management program is in place including physical therapy, home exercise, patient education, psychosocial support, and/or oral medication
- Prior history of evidence of sacroiliitis on imaging (i.e., active inflammation on magnetic resonance imaging [MRI] or definite radiographic sacroiliitis grade > 2 bilaterally *or* grade 3-4 unilaterally)
- ***1 or more*** spondyloarthropathy features:
    - Inflammatory back pain with **at least 4** of the following criteria present:
        - Age at onset < 45 years
        - Insidious onset
        - Improvement with exercise
        - No improvement with rest
        - Pain at night (with improvement upon getting up)
    - Arthritis
    - Enthesitis of the heel (irritability of muscles, tendons, or ligaments where they enter the bone)
    - Uveitis (inflammation of the uvea, the middle layer of the eye)
    - Dactylitis (inflammation of a finger or toe)
    - Psoriasis
    - Crohn's/colitis
    - Good response to NSAIDs
    - Family history of spondyloarthropathy
    - Positive testing for HLA-B27
    - Elevated C-reactive protein (CRP)

~~**NOTE: ALL procedures must be performed under imaging guidance**~~[7-10]

IMAGING GUIDANCE [1, 2, 3, 8]

The ~~facet~~sacroiliac joint is commonly identified under image guidance by Fluoroscopy or Computed tomography (CT). CT is less effective than Fluoroscopy regarding observing of the escape of the injectate to the adjacent structures and cannot rule out concurrent intravascular flow. With proper use by skilled interventional pain physicians with ultrasound experience, the use of ultrasound guidance is similar to CT or Fluoroscopy but can have a lower accuracy of needle placement.

Ultrasound guidance can be an effective alternative if fluoroscopy or CT guided techniques are contraindicated; however, individual patient factors ~~such as~~ such as poor visualization due to deeper tissue layers (e.g., increased Body Mass Index (BMI) ~~increased Body Mass Index (BMI) with variations of adipose tissue~~ may contributes~~s~~ to substandard image resolution).

NOTE: ALL procedures must be performed under imaging guidance

DIAGNOSTIC PURPOSES FOR SURGICAL PLANNING [4, 9]

- For diagnostic purposes all of the following must be met:
  - The sacroiliac joint injection is an image-guided, contrast-enhanced intra-articular injection
  - At least 75% pain relief for the expected duration of the anesthetic after each diagnostic injection
  - After the diagnostic relief period, the individual continues to have pain causing functional disability or average pain level ≥ 6 on a scale of 0 to 10 related to the requested spinal region.
  - No more than two diagnostic injections per diagnostic phase
  - Documentation of a pre-operative evaluation and plan for SIJ surgery

REPEAT INJECTIONS [2, 4]

Sacroiliac joint injections may be repeated only as medically necessary. **Each** sacroiliac joint injection requires an authorization, and the following criteria must be met for repeat injections:

- Up to 2 sacroiliac joint injections may be performed in the initial treatment phase, no sooner than 2 weeks apart, provided that at least 50% pain relief or significant documented functional improvement is obtained[1]
  - ~~For diagnostic purposes all of the following must be met:~~
    - ~~The sacroiliac joint injection is an image-guided, contrast-enhanced intra-articular injection~~
    - ~~At least 75% pain relief for the expected duration of the anesthetic after each diagnostic injection~~
    - ~~After the diagnostic relief period, the individual continues to have pain causing functional disability or average pain level ≥ 6 on a scale of 0 to 10 related to the requested spinal region.~~
    - ~~No more than two diagnostic injections per diagnostic phase~~
    - ~~Documentation of a pre-operative evaluation and plan for SIJ surgery~~
- Sacroiliac joint injections may only be repeated after the initial treatment phase if the individual has had at least 50% pain relief or significant documented functional improvement for a **minimum of 2 months** after each therapeutic injection[1]

- The individual continues to have pain causing functional disability or average pain level ≥ 6 on a scale of 0 to 10[1, 3, 11] related to the requested spinal region.
- The individual is engaged in ongoing active conservative therapy*, unless the medical reason this treatment cannot be done is clearly documented[2, 11, 12]
- For individuals that have received other interventional pain injections in the lumbar/sacral region (e.g., epidural steroid injection or facet joint injection) since the last SIJ injection, at least one repeat positive provocative exam findings is required (pelvic (SI) distraction test, pelvic (SI) compression test, sacral thrust test, FABER (Patrick's test), posterior shear test, Yeoman's test, Gaenslen's test, or thigh thrust).[4, 5]
- A maximum of 4 sacroiliac joint injections may be performed in a 12-month period[1]

~~For diagnostic purposes all of the following must be met:~~

- ~~The sacroiliac joint injection is an image-guided, contrast-enhanced intra-articular injection~~
- ~~At least 75% pain relief for the expected duration of the anesthetic after each diagnostic injection~~
- ~~After the diagnostic relief period, the individual continues to have pain causing functional disability or average pain level ≥ 6 on a scale of 0 to 10 related to the requested spinal region.~~
- ~~No more than two diagnostic injections per diagnostic phase~~
- ~~Documentation of a pre-operative evaluation and plan for SIJ surgery~~

~~**NOTE**: It is generally considered **not medically necessary** to perform multiple interventional pain procedures on the same date of service. Documentation of a medical reason to perform injections in different regions on the same day can be provided and will be considered on a case-by-case basis (e.g., holding anticoagulation therapy on two separate dates creates undue risk for the patient).~~

EXCLUSIONS

These requests are excluded from consideration under this guideline:

- Sacral lateral branch blocks (S1, S2, S3)
- Radiofrequency denervation of the sacroiliac joint

CONTRAINDICATIONS [1, 3] ~~FOR SACROILIAC JOINT INJECTIONS~~

- Active systemic or spinal infection
- Skin infection at the site of needle puncture

- ~~Prolotherapy (also known as platelet-rich plasma (PRP), proliferant injection, prolo, joint sclerotherapy, regenerative injection therapy, growth factor stimulation injection, nonsurgical reconstruction)~~
- Local malignancy

LEGISLATIVE REQUIREMENTS

State of Washington

- **Washington State Health Care Authority Technology Assessment** - 20160318B – Spinal Injections [10]~~13, 14~~
  Limitations of Coverage*:
  - Therapeutic sacroiliac joint injections for chronic pain is a covered benefit when all of the following conditions are met: f
    - With fluoroscopic guidance or CT guidance f
    - After failure of conservative therapy; and f
    - No more than one without clinically meaningful improvement in pain and function, subject to agency review f

* This coverage policy does not apply to those with a known systemic inflammatory disease such as: ankylosing spondylitis, psoriatic arthritis or enteropathic arthritis.

BACKGROUND

Low back pain originating from the SIJ can result from inflammatory conditions such as sacroiliitis, spondyloarthropathy (e.g., ankylosing spondylitis, rheumatoid spondylitis), or from postsurgical or traumatic injury, degeneration (wear and tear), or pregnancy. SIJ pain most often occurs in the buttocks and lower back and may radiate down through the buttocks and the leg. Physical examination and radiographic techniques may confirm a diagnosis related to spondyloarthropathy. Physical examination, including provocative maneuvers to elicit pain response, and controlled SIJ injections can help diagnose noninflammatory pain arising from the SIJ.~~This guideline addresses the use of sacroiliac joint injections for the treatment of low back pain that originates in the region of the sacroiliac joint (SIJ). An injection of anesthetic or steroid may be used for the diagnosis and treatment of SIJ pain syndrome disorders (such as degenerative joint disease, postsurgical injuries, or traumatic injuries), or for treatment of spondyloarthropathy (inflammatory disorders of the joints and ligaments of the spine).~~

Spinal injections for the treatment of SIJ pain syndrome are typically performed as one part of a comprehensive treatment program, but initial treatment usually includes over-the-counter analgesics, home exercise program to improve or maintain spinal mobility, and therapy sessions with a physical therapist involving range-of-motion, stretching, and strengthening exercises.

Sacroiliac joint injections are typically used for the following conditions:

- **Sacroiliac joint (SIJ) syndrome** may be caused by various events, including pain secondary to postsurgical or traumatic injury, degeneration (wear and tear), or pregnancy. ~~Physical examination (history and physical, provocative maneuvers) and diagnostic injection help to identify the source of pain as the SIJ.[16-18]~~
- **Diagnostic SIJ injections** are used to determine if the SIJ pain originates with the SIJ. Diagnostic blocks can reveal (or fail to reveal) that the source of pain is originating from the SIJ; appropriate treatment plan can be developed.[1, 19]
- **Therapeutic SIJ injections** used to treat SIJ pain once it has been determined that the SIJ is the origin of the pain. A therapeutic injection typically includes a corticosteroid and a local anesthetic that can be injected directly into the joint (intra-articular) or into the tissues surrounding the joint (periarticular).[20, 21]
- **Spondyloarthropathy** (also known as spondyloarthritis) is the name for a family of rheumatic diseases that cause arthritis. Sacroiliitis is a key indicator of spondyloarthritis and is diagnosed with imaging. Individuals with spondyloarthropathy are generally managed by rheumatologists. ~~and account for only a small percentage of the cases that present in interventional pain management settings.[22-24]~~

~~Telehealth visits have become routine in modern medical practice. However, sacroiliac joint injections cannot be performed via telehealth encounters. Individuals who can schedule an in-person encounter for injection are expected to also schedule an in-person encounter for provocative physical examination, prior to injection, in order to document the medical necessity of the joint injection.~~

~~Low back pain is one of the most common of all spinal pain problems. According to the Centers for Disease Control and Prevention (CDC), the prevalence of low back pain in adults 18 years of age and older is 28.4% and may range as high as 32.1% in adults ≥ 75 years.[28] Symptoms of low back pain may arise from multiple sites, including lumbar intervertebral discs, facet joints, sacroiliac joints, ligaments, fascia, muscles, and nerve root dura. The sacroiliac joint has been shown to be a source of pain in 10 – 30% of chronic low back pain.[1, 29-31]~~

~~The sacroiliac joint (SIJ) is located between the sacrum (located at the base of the spine) and the pelvis and supports the weight of the upper body in the standing position. SIJs are in both the right and left side of the lower back with strong ligaments holding the joints in place. The SIJ is well-innervated and is capable of being a source of low back pain and referred pain in the lower extremity. Low back pain originating from the SIJ can result from inflammatory conditions such as sacroiliitis, spondyloarthropathy (e.g., ankylosing spondylitis, rheumatoid spondylitis), or from postsurgical or traumatic injury, degeneration (wear and tear), or pregnancy. SIJ pain~~

most often occurs in the buttocks and lower back and may radiate down through the buttocks and the leg. Physical examination and radiographic techniques may confirm a diagnosis related to spondyloarthropathy. Physical examination, including provocative maneuvers to elicit pain response, and controlled SIJ injections can help diagnose noninflammatory pain arising from the SIJ.[29, 32-34]

To confirm correct placement of the injectable medication into the intra-articular space, fluoroscopic or computed tomography (CT) guidance is used.[9, 35, 36] A periarticular injection into the soft tissue may be used if ligamentous or muscular attachments are suspected to be involved. The goal of the therapeutic injection is to reduce inflammation or pain and provide longer pain relief. Long-term relief is generally defined as 6 weeks or longer, but positive responders generally have a much longer duration of response; serial injections may be required in order to maintain therapeutic effectiveness.[29, 37]

Spinal injections for the treatment of SIJ pain syndrome are typically performed as one part of a comprehensive treatment program, which will nearly always include an exercise program to improve or maintain spinal mobility.[17, 38] Potential candidates for SIJ injections include those with low back pain originating from the SIJ that is unresponsive to conservative treatments.

Treatment for SIJ pain depends upon the signs and symptoms, as well as the underlying cause for the pain. Medications, such as over-the-counter analgesics, a short course of narcotics, muscle relaxants or tumor necrosis factor (TNF) inhibitors, such as etanercept (Enbrel), adalimumab (Humira), or infliximab (Remicade), may be prescribed. Therapy sessions with a physical therapist involving range-of-motion, stretching, and strengthening exercises may be used to maintain joint flexibility and strengthen the muscles. Other interventional procedures used to treat SIJ pain include corticosteroid injections to reduce inflammation and pain, radiofrequency denervation, electrical stimulation, or in rare cases, joint fusion.[32]

The indications for coverage for the treatment of spondyloarthropathy have been established through use of the reviewed clinical studies and through criteria developed by the Assessment of SpondyloArthritis International Society (ASAS) for the classification of axial spondyloarthritis.[39] They are in keeping with the benefit guidelines developed by the Centers for Medicare & Medicaid Services (CMS).[40]

While evidence supports that SIJ injection is an effective method of determining the source of pain, evidence supporting the efficacy of SIJ in the treatment of SIJ pain syndrome is considerably limited. There are limited controlled or prospective clinical studies to support SIJ injection for therapeutic purposes. Despite the limited quality of the clinical studies supporting SIJ injection for the treatment of SIJ pain, the procedure is recommended by the American Society of Anesthesiologists (ASA) and the American Society of Regional Anesthesia and Pain Management (ASRAPM) Practice Guidelines.[41] The indications for coverage have been established from the 2009 *Comprehensive Evidence-Based Guidelines for Interventional Techniques in the Management of Chronic Spinal Pain*[3] and updated with the 2013 *An Update of*

~~*Comprehensive Evidence-Based Guidelines for Interventional Techniques in Chronic Spinal Pain. Part II: Guidance and Recommendations.*[1]~~

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MEDICAL NECESSITY

It is generally considered **not medically necessary** to perform multiple interventional pain procedures on the same date of service. Documentation of a medical reason to perform injections in different regions on the same day can be provided and will be considered on a case-by-case basis (e.g., holding anticoagulation therapy on two separate dates creates undue risk for the patient).

~~**OVERVIEW**~~

*C**ONSERVATIVE TREATMENT** **[12, 13]**~~onservative Therapy~~

Non-operative treatment should include a multimodality approach consisting of at least one (1) active and one (1) inactive component targeting the affected spinal region.

- Active components
  - Physical Therapy
  - Physician-supervised home exercise program**
  - Chiropractic Care
- Inactive Modalities
  - Medications (e.g., NSAIDs, steroids, analgesics)
  - Injections (e.g., epidural steroid injection, selective nerve root block)
  - Medical Devices (e.g., TENS unit, bracing)

~~- Non-operative treatment should include a multimodality approach consisting of a combination of active and inactive components. Inactive components can include rest, ice, heat, modified activities, medical devices, acupuncture, stimulators, medications, injections, and diathermy. Active modalities should be region-specific and consist of physical therapy, a physician-supervised home exercise program**, or chiropractic care.[2, 12, 25]~~

**~~Home Exercise Program~~HOME EXERCISE PROGRAM (HEP) [14, 12]

The following two elements are required to meet conservative therapy guidelines for HEP:

- Documentation of an exercise prescription/plan provided by a physician, physical therapist, or chiropractor

  AND

- Follow-up documentation regarding completion of HEP after the required 6-week timeframe or inability to complete HEP due to a documented medical reason (e.g., increased pain or inability to physically perform exercises). ~~– The following **two elements are required** to meet guidelines for completion of conservative therapy:~~

- ~~Documentation of an exercise prescription/plan provided by a physician, physical therapist, or chiropractor[12, 26, 27] ; **AND**~~
- ~~Follow-up documentation regarding completion of HEP after the required 6-week timeframe or inability to complete HEP due to a documented medical reason (e.g., increased pain or inability to physically perform exercises). Closure of medical offices, closure of therapy offices, patient inconvenience, or noncompliance without explanation does not constitute "inability to complete" HEP.[2, 12]~~

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POLICY HISTORY

Date	Summary
January 2023	• Added Legislative Language for the State of Washington • Updated provocation test to 3 to reflect EBM • Removed Anterior Impingement Test and Log roll as provocation tests • Added section on imaging guidance • Added diagnostic section to repeat injections • Added clarification to VAS section to include 'related to the requested spinal region' • Added Local Malignancy and removed Prolotherapy from contraindications section • Adjusted conservative treatment language in the body and background sections

	• **Updated CPT Codes per the Matrix** • Reduced background section • Added table of contents • Updated references
May 2023	• Adjusted time interval for repeat injections from minimum of 6 weeks to 2 months after each injection • Added Washington State Legislative Language
May 2022	• Added note to clarify when **INITIAL** injection requirements must be met for approval • Reorganized indications for clarity and uniformity • Added region-specific wording to conservative treatment requirement (e.g., conservative therapy targeting the requested spinal region) • For consistency among guidelines, changed wording and order of contraindications to injections • Add US guidance for injections as option (in addition to fluoroscopic or CT guidance) • Under treatment of spondyloarthropathy, replaced 'or' with 'and' in list of required components of a comprehensive pain management program • Updated Frequency of Repeat Injections section • Clarified lack of medical necessity of performing multiple pain procedures on same DOS • Updated Contraindications

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