National Imaging Associates, Inc.*	
Clinical guidelines: **SACROILIAC JOINT INJECTIONS** **~~(with image guidance (fluoroscopy or CT)~~**	**Original Date: January ~~10,~~ 2014**
CPT Codes: 27096	**Last Revised Date: ~~June~~ May 2022~~1~~**
Guideline Number: NIA_CG_305	**Implementation Date: January 2023~~2~~**

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.

INDICATIONS FOR SACROILIAC JOINT (SIJ) INJECTIONS ~~(SJI)~~ (Intraarticular or ligamentous injections only)

- **For the treatment of Sacroiliac Joint (SIJ) pain ~~–~~ ~~All~~ ALL of the following must be met:**
  - **Primarily axial l~~L~~ow back pain ~~maximal~~ (**below level of L5**)** which may radiate to the groin or lower extremity ~~persisting at least 3 months~~[1] ~~(Manchikanti, 2013a); **AND**~~
  - ~~o~~ **Pain causing functional limitations or pain levels of ≥ 6 on a scale of 0 to 10**[1-3]
  - ~~o~~ Positive exam findings to suggest the diagnosis which include the pelvic distraction test, pelvic compression test, thigh thrust test, FABER (Patrick's test) or Gaenslen's test[4, 5] ~~(MacVicar, 2017; Telli, 2018); **AND**~~
  - **Duration of pain of at least 3 months**
  - ~~o~~ Failure to respond to **non-operative** conservative ~~non-operative~~ therapy ~~management~~* **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~~ **OR** details of active engagement in ~~other forms of active~~**ongoing non-operative** conservative non-operative ~~treatment~~**therapy***~~,~~ if the ~~patient~~**individual has** had prior spinal injections **in the same region**~~, unless the medical reason this treatment cannot be done is clearly documented~~[1, 2] ~~(Manchikanti, 2013a; Summers, 2013); **AND**~~
  - ~~o Pain causing functional limitations or pain levels of ≥ 6 on a scale of 0 to 10[1, 4, 5] (Manchikanti, 2013a, 2009; Summers, 2013); **AND**~~
  - ~~o All procedures must be performed using fluoroscopic or CT guidance[6] (Schneider, 2020)~~

* National Imaging Associates, Inc. (NIA) is a subsidiary of Magellan Healthcare, Inc.

~~**NOTE**: SI joint injections performed at the same time as other injections will be deemed **NOT** medically necessary.~~

- **For the treatment of spondyloarthropathy[6] ~~(ACR, 2012) - All~~ALL of the following must be met:**
  - The ~~patient~~**individual** has experienced ≥ 3 months of low back pain~~; AND~~
  - Age of onset < 45 years~~; AND~~
  - Comprehensive pain management program including physical therapy, home exercise, patient education, psychosocial support, ~~or~~ **and** oral medication is in place~~; AND~~
  - 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)~~; AND~~
  - ***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 using fluoroscopic, US, or CT guidance[7-10]

FREQUENCY OF REPEAT INJECTIONS

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]**
- **Sacroiliac joint injections may only be repeated after the initial treatment phase if symptoms return, and the individual has had at least a 50% pain relief or significant documented functional improvement for a minimum of 6 weeks after each therapeutic injection[1]**
- **The individual continues to have pain causing functional disability or average pain levels ≥ 6 on a scale of 0 to 10[1-3, 11]**
- **The individual is engaged in ongoing active conservative therapy*, unless the medical reason this treatment cannot be done is clearly documented[2, 11, 12]**
- **Positive exam findings to suggest the diagnosis which include the pelvic distraction test, pelvic compression test, thigh thrust test, FABER (Patrick's test) or Gaenslen's test for individuals receiving other interventional pain injections in the lumbar/sacral region since the previous SIJ injection.[4, 5]**
- **Repeat therapeutic injections should not be done more frequently than every 2 months with a maximum of 4 sacroiliac joint injections in a 12-month period[1]**

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 (i.e., 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)**
- **Sacroiliac joint denervation**

~~**FREQUENCY OF REPEAT THERAPEUTIC INJECTIONS**~~

- ~~Up to two SIJ injections may be performed in the initial treatment phase, no sooner than 2 weeks apart, provided that at least 50% relief is obtained[1] (Manchikanti, 2013a); **AND**~~
- ~~SIJ injections may only be repeated after the initial treatment phase if symptoms recur and the patient has had at least a 50% reduction in pain for a minimum of six weeks after each therapeutic injection, or significant documented functional improvement for a minimum of 6 weeks after each therapeutic injection[1] (Manchikanti, 2013a); **AND**~~

- ~~The patient is actively engaged in other forms of active conservative non-operative treatment, unless pain prevents the patient from participating in conservative therapy[2, 11, 12] (AHRQ, 2013; Qassem, 2017; Summers, 2013); **AND**~~
- ~~Repeat injections should not be done more frequently than every two months for a total of 4 injections in a 12-month period[1] (Manchikanti, 2013a); **AND**~~
- ~~Pain causing functional limitations or pain levels of ≥ 6 on a scale of 0 to 10[1-3, 12] (AHRQ, 2013; Manchikanti, 2013a, 2009; Summers, 2013); **AND**~~
- ~~Positive exam findings to suggest the diagnosis which include the pelvic distraction test, pelvic compression test, thigh thrust test, FABER (Patrick's test) or Gaenslen's test for patients receiving interventional pain treatment for pain from other sources in the lumbar/sacral region, since the previous SIJ injection (MacVicar, 2017; Telli, 2018).[4, 5]~~

~~**NOTE**: Injecting multiple regions or performing multiple procedures during the same visit may be deemed medically **unnecessary** unless documentation is provided outlining an unusual situation (ODG, 2017).~~

CONTRAINDICATIONS FOR SACROILIAC JOINT INJECTIONS

- Active systemic **or spinal** infection
- Skin infection at the site of needle puncture
- ~~Bleeding disorder or anticoagulation therapy~~
- ~~Uncontrolled high blood pressure~~
- ~~Uncontrolled diabetes~~
- ~~Unstable angina~~
- ~~Congestive heart failure~~
- ~~Allergies to contrast, anesthetics, or steroids (AAOS, 2009)~~

BACKGROUND

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 ~~sacroiliac joint (~~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).

Sacroiliac joint injections are typically used for the following conditions:~~:~~

- **Sacroiliac joint (SIJ) ~~pain~~ 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.[13-15]

- **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, and then an appropriate treatment plan can be developed ~~(Curatolo, 2010; Manchikanti, 2013a)~~.[1, 16]
- **Therapeutic SIJ injections** may be 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).[17, 18]
- **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. ~~Patient~~**Individual**s with spondyloarthropathy are generally managed by rheumatologists and account for only a small percentage of the cases that present in interventional pain management settings.[19-21]

OVERVIEW

***Conservative Therapy - 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, 22]

****Home Exercise Program (HEP) - 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, 23, 24] ; 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 (i.e., 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] ~~***Conservative Therapy:** (Spine) should include a multimodality approach consisting of a combination of active and inactive components. Inactive components, such as rest, ice, heat, modified activities, medical devices, acupuncture or stimulators, medications, injections (including trigger point), and diathermy can be utilized. Active modalities consist of physical therapy, a physician supervised home exercise program**, or chiropractic care (Qassem, 2017; Summers, 2013).[2, 12, 22]~~
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~~**Home Exercise Program (HEP) – the following **two elements are required** to meet guidelines for completion of conservative therapy:~~

- ~~Documentation provided of an exercise prescription/plan[8, 20] (Qassem, 2017; Sculco, 2001);~~
- ~~Follow up with member with information provided regarding completion of HEP (after suitable 6-week period), or inability to complete HEP due to physical reason - i.e., increased pain, 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).~~

Telehealth visits have become routine in modern medical practice. However, sacroiliac joint injections cannot be performed via telehealth encounters. ~~Patient~~**Individual**s 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~~ (CDC, 2012)~~.[25] 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% to 27%~~**10 – 30%** of chronic low back pain ~~(Hansen, 2007; Simopoulos, 2012; Manchikanti, 2013a)~~.[1, 26-28]

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. ~~There are~~ SIJs **are** in both the right and left side of the lower back **with s**~~.~~ Strong ligaments hold**ing** the joints in place. The SIJ is well~~-~~-innervated and ~~has been shown to be~~**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~~ (Hansen, 2007; Medline Plus, 2012; Mayo Clinic, 2013)~~.[26, 29-31]

~~In order to~~**To** confirm correct placement of the injectable medication into the intra-articular space, fluoroscopic or computed tomography (CT) guidance is used.[9, 32, 33] 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 ~~(Hansen, 2007; AAOS, 2009; Hawkins, 2009)~~.[26, 34]

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.[14, 35] 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 ~~(Mayo Clinic, 2013)~~.[29]

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 ~~(Sieper, 2009)~~.[36] They are in keeping with the benefit guidelines developed by the Centers for Medicare & Medicaid Services (CMS).[37]

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.[38] 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]

POLICY HISTORY

Date	Summary

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**
June 2021	No change
October 2020	• Added: "Injecting multiple regions or performing multiple procedures during the same visit may be deemed medically **unnecessary** unless documentation is provided outlining an unusual situation" (ODG, 2017). • Removed 'average': Pain causing functional limitations or average pain levels of ≥ 6 on a scale of 0 to 10 (Manchikanti, 2013a, 2009; Summers, 2013)
October 2019	• Added: All procedures must be performed using fluoroscopic or CT guidance
November 2018	• Sacroiliac Joint Injection title - Added: 'Intraarticular or ligamentous injections only' • For the treatment of SIJ pain, added Note: 'SI joint injections performed at the same time as facet injections will be deemed not medically necessary' • Removed HEP examples of yoga, Tai Chi, aerobic exercises • Added and updated references

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Reviewed / Approved by NIA Clinical Guideline Committee

~~**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.~~

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Reviewed / Approved by NIA Clinical Guideline Committee

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.