MEDICAL POLICY STATEMENT

Original Effective Date	Next Annual Review Date	Last Review / Revision Date
02/10/2015	02/10/2017	07/26/2016

Policy Name	Policy Number
Sacroiliac Joint Injection	MM-0010

Policy Type		
☒ Medical	☐ Administrative	☐ Payment

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A. SUBJECT

Sacroiliac Joint Injections

B. BACKGROUND

Interventional procedures for management of acute and chronic pain are part of a comprehensive pain management care plan that incorporates conservative treatment in a multimodality approach.[1] Multidisciplinary treatments include promoting patient self-management and aim to reduce the impact of pain on a patient's daily life, even if the pain cannot be relieved completely.[2, 3] Interventional procedures for the management of pain unresponsive to conservative treatment should be provided only by physicians qualified to deliver these health services.[4-6]

[4-6][4-6]Up to 10% to 25% of patients with persistent low back pain may have a component of pain related to sacroiliac joints.[7] However, no clear conservative, interventional, or surgical management alternatives definitively manage sacroiliac joint pain. Clinicians apply various techniques with wide variation. Available evidence for the diagnostic accuracy of sacroiliac joint injections is good, the evidence for provocation maneuvers is fair, but evidence for imaging of the SI joint is inadequate.[8] In a recent review, pain researchers reported that evidence is poor for short and long-term pain relief from both intra-articular and peri-articular injections of these joints with steroids.[7]

C. DEFINITIONS

- **Conservative therapy** is a multimodality plan of care. Start and end dates in the medical record substantiate duration of treatment. **Multimodality care plans include BOTH of the following:**
  - **Active conservative therapies** such as physical therapy, occupational therapy, a physician supervised home exercise program (HEP), or chiropractic care

- **Home Exercise Program (HEP):** includes two components that are both required to meet CareSource policy for completion of conservative therapy:
  - Information provided for an exercise prescription and/or plan documented in the medical record AND follow up documented in the medical record with member with information provided regarding completion of HEP (after suitable six (6) week period), or inability to complete HEP due to a stated physical reason- i.e. increased pain, inability to physically perform exercises. (Patient inconvenience or noncompliance without explanation does not constitute "inability to complete")

- **Inactive conservative therapies** such as rest, ice, heat, medical devices, acupuncture, TENS unit, prescription medications.
  - If a TENS unit is part of the care plan, the frequency of use, and duration of use with dates must be documented in the medical record. General statements in the medical record such as "Patient has a TENS unit" do not document use, and will not suffice to meet this policy criterion.
    - **A TENS unit is a Transcutaneous Electrical Nerve Stimulator** is a durable medical equipment device dispensed by prescription. It use, frequency, duration, and start dates must be documented in the medical record to be considered part of conservative therapy during the period of prior authorization request.

D. **POLICY**

Criteria

Sacroiliac joint injection for chronic back pain is medically necessary when pain has persisted despite appropriate medical management and **ALL of the following** criteria are met:

I. Pain and tenderness are located in sacro-iliac joint region.

II. ACTIVE conservative therapy as part of a multimodality comprehensive approach is addressed in the patient's care plan with documentation in the medical record that includes at least **ONE of the following:**
   A. The patient has received ACTIVE conservative therapy lasting for six (6) weeks or more within the past six (6) months with start and end dates in the medical record substantiating the duration of treatment including **ONE of the following:**
      1. physical therapy
      2. occupational therapy
      3. a physician supervised home exercise program (HEP) as defined in CareSource policy
      4. chiropractic care
   B. Or, the medical record documents at least **ONE of the following** exceptions to the 6 weeks ACTIVE conservative therapy requirement in the past 6 months:
      1. pain from Herpes Zoster as the indication for the procedure
      2. at least moderate pain with significant functional loss at work or home
      3. severe pain unresponsive to outpatient medical management
      4. inability to tolerate non-surgical, non-injection care due to co-existing medical condition(s)
      5. prior successful injections for same specific condition with relief of at least 3 months' duration (start and end dates are documented in the medical record).

III. PASSIVE conservative therapy as part of a multimodality comprehensive approach is addressed in the patient's care plan with documentation in the medical record lasting for six (6) weeks or more within the past six (6) months with start and end dates in the medical record substantiating the duration of treatment that includes at least **ONE of the following:**
   A. rest
   B. ice
   C. heat
   D. medical devices

E. acupuncture
F. TENS unit use as defined in CareSource policy
G. prescription pain medications

Sacroiliac joint injections using local anesthetic and/or corticosteroid medication have been shown to be effective for diagnostic purposes but provide limited short term relief from pain resulting from SI joint dysfunction.

Monitored anesthesia and conscious sedation will be denied for coverage for sacroiliac joint injections as not medically necessary.

Image guidance and/or injection of contrast for sacroiliac joint injections for pain will be denied for coverage as not medically necessary.

In a recent review, pain researchers reported that evidence is poor for short and long-term pain relief from both intra-articular and peri-articular injections of these joints with steroids.[7]
Image guidance and/or injection of contrast for sacroiliac joint injections will be denied for coverage as not medically necessary. Injections for diagnosis or treatment are given no less than two weeks apart, with no more than four injections total, 2 per side, in 12 months.
If neural blockade is applied for different regions, or different sides, injections are performed at least one week apart.

Inconclusive of Non-Supportive Evidence
Pain management literature highlighting controlled studies of SI joint pain management has not demonstrated injections of the SI joint to be effective as a long term management modality. Monitored anesthesia and conscious sedation will be denied for coverage for sacroiliac joint injections as not medically necessary.

Thermal or pulsed, cooled **sacroiliac neurotomy** by Radio-Frequency Ablation (RFA) or other techniques for sacroiliac pain are not covered due to insufficient, limited, or inconclusive published data. Also, sacroiliac neurotomy billed as a facet medical branch nerve block are not allowed coverage. Studies provide limited evidence regarding the efficacy and safety of thermal radiofrequency ablation (TRA), for individuals with SI joint pain, and contain insufficient data that allows for definitive conclusions.

A randomized placebo-controlled study in 28 patients was performed by Cohen et al for injection-diagnosed sacroiliac joint pain. One, 3, and 6 months after the procedure, 11 (79 %), 9 (64 %), and 8 (57 %) RF-treated patients experienced pain relief of 50 % or greater and significant functional improvement. The authors stated that larger trials with long-term follow-up and comprehensive outcome measures were needed to confirm their results.

Stelzer and colleagues retrospectively evaluated the use of cooled RFA neurotomy for SIJ-mediated low back pain in European subjects.[9] No control group was present. The authors concluded that results showed promising improvements in pain, quality of life, and medication usage some subjects experiencing relief at 20 months after treatment. The study noted missing data for some subjects, and a variable length of time to final follow-up.

Sacroiliac joint fusion procedures are not covered due to limited data, mixed outcomes, and inconclusive evidence. A systematic review in 2015 and evaluated 16 peer reviewed articles with follow up a year or more. Mean duration of follow up was 60 months for open surgery and 21 months for minimally invasive surgery. Patient satisfaction with surgery ranged from 56% to 100 %, and a mean of 84% for 430 patients evaluated. Major complication occurred in 5 % to 20 %,

with 1 study reporting a 56 % adverse event rate. The authors concluded that surgical intervention for SIJ pain is beneficial in a subset of patients. However, with the difficulty in accurate diagnosis and evidence for the efficacy of SIJ fusion itself lacking, serious consideration of the cause of pain and treatment options should be given before performing the operation.[10] An industry-sponsored prospective randomized controlled crossover trial in 148 patients evaluated minimally invasive sacroiliac joint fusion using triangular titanium implants vs nonsurgical management evaluated patients at 6- and 12-months follow up. Surgical titanium implants were more effective than non-surgical management in relieving pain, improving function and improving quality of life in patients with SI joint dysfunction due to degenerative sacroiliitis or SI joint disruptions. Six month success rates were higher in the surgical group and sustained at 12 months. Adverse events were slightly more common in the surgical group (1.3 vs 1.1 events per subject; P = .31). A narrow group of patients were selected for randomization. The patient candidates included only those with unilateral pain caudal to the lumbar spine, 3 physical exam criteria, and 3 positive provocative tests, including a 75% reduction in to SI joint injection on 2 occasions, and a trial of at least one SI joint injection, for example with corticosteroids.[11, 12]

Patients with indwelling implanted spinal cord stimulators or pain pumps should have a device interrogation report submitted with medical records for a prior authorization request for proposed interventional pain injections. If a device is not functioning properly, an escalation in pain may warrant evaluation and management of the implanted device. [13]

CONDITIONS OF COVERAGE

HCPCS	None
CPT	27096, 77003, G0260, G0259

AUTHORIZATION PERIOD

E. REVIEW/REVISION HISTORY

Date Issued:	02/10/2015
Date Reviewed:	02/10/2015, 07/28/2015
Date Revised:	07/28/2015 – Criteria changes
	07/26/2016 – Criteria changes

F. REFERENCES

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The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.