



MEDICAL POLICY STATEMENT

Original Effective Date	Next Annual Review Date	Last Review / Revision Date
02/10/2015	02/10/2016	02/10/2015
Policy Name	Policy Number	
Sacroiliac Joint Injection	MM-0010	

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

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For Medicare plans please reference the below link to search for Applicable National Coverage Descriptions (NCD) and Local Coverage Descriptions (LCD):

A. SUBJECT

Sacroiliac Joint Injections

B. BACKGROUND

Up to 10% to 25% of patients with persistent low back pain may have a component of pain related to sacroiliac joints.[1] 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.[2] 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.[1]

Interventional procedures for management of pain should be part of a comprehensive pain management care plan that incorporates an initial trial of conservative treatment utilizing appropriate medications, physical therapy modalities and behavioral support as needed. Interventional procedures for the management of pain unresponsive to conservative treatment should be provided only by physicians qualified to deliver these health services.[3-5]

C. DEFINITIONS

None

D. POLICY

Criteria

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.



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

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.

Clinical Indications for Procedure

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:

- The injections are not used in isolation, but are provided as part of a comprehensive pain management program, including **2 or more** of the following:
 - Physical therapy sessions
 - Chiropractor visits
 - Exercise program
 - Medications for pain
- 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.
- No local or systemic infection

For Medicare Plan members, reference the below link to search for Applicable National Coverage Descriptions (NCD) and Local Coverage Descriptions (LCD):

<http://www.cms.gov/medicare-coverage-database>

If there is no NCD or LCD present, reference the CareSource Policy for coverage.

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
Date Revised:	

F. REFERENCES

1. Hansen, H., et al., *A systematic evaluation of the therapeutic effectiveness of sacroiliac joint interventions*. Pain Physician, 2012. 15(3): p. E247-78.
2. Simopoulos, T.T., et al., *A systematic evaluation of prevalence and diagnostic accuracy of sacroiliac joint interventions*. Pain Physician, 2012. 15(3): p. E305-44.
3. Chou, R., et al., *Interventional therapies, surgery, and interdisciplinary rehabilitation for low back pain: an evidence-based clinical practice guideline from the American Pain Society*. Spine, 2009. 34(10): p. 1066-1077.



4. Manchikanti, L., et al., *An update of comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations*. Pain Physician, 2013. 16(2 Suppl): p. S49-283.
5. Manchikanti, L., et al., *An update of comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part I: introduction and general considerations*. Pain Physician, 2013. 16(2 Suppl): p. S1-48.

"This guideline contains custom content that has been modified from the standard care guidelines and has not been reviewed or approved by MCG Health, LLC."

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