

**BSC\_NIA\_CG\_305 Sacroiliac Joint Injections****Original Policy Date:** January 1, 2017**Effective Date:** January 1, 2024**Section:** 6.0 Radiology**Page:** Page 1 of 13**Policy Statement**

**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 (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<sup>1</sup>
- Pain causing functional disability or average pain level of greater than or equal to 6 on a scale of 0 to 10<sup>1-3</sup>
- Positive exam findings to suggest the diagnosis, which include the pelvic (SI) distraction test, pelvic (SI) compression test, thigh thrust test, FABER (Patrick's test), posterior shear test, Yeoman's test, or Gaenslen's test<sup>4,5</sup>
- 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<sup>1,2</sup>

**For the treatment of spondyloarthropathy<sup>6</sup> ALL of the following must be met:**

- The individual has experienced greater than or equal to 3 months of low back pain
- Age of onset less than 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 less than 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 less than 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<sup>7-10</sup>

### Indications For 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<sup>1</sup>
- 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<sup>1</sup>
- The individual continues to have pain causing functional disability or average pain level greater than or equal to 6 on a scale of 0 to 10<sup>1-3, 11</sup>
- The individual is engaged in ongoing active conservative therapy\*, unless the medical reason this treatment cannot be done is clearly documented<sup>2, 11, 12</sup>
- 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, repeat positive provocative exam findings are required (pelvic distraction test, pelvic compression test, thigh thrust test, FABER (Patrick's test), posterior shear test, Yeoman's test, or Gaenslen's test)<sup>4, 5</sup>
- A maximum of 4 sacroiliac joint injections may be performed in a 12-month period<sup>1</sup>

**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 For Sacroiliac Joint Injections

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

**NOTE:** Refer to [Appendix A](#) to see the policy statement changes (if any) from the previous version.

## Policy Guidelines

**\*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.<sup>2, 12, 25</sup>

**\*\*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<sup>12, 26, 27</sup> ; 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.<sup>2, 12</sup>

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.

**CPT Codes: 27096****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.

**Description**

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).

**Related Policies**

- N/A

**Benefit Application**

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Some state or federal mandates (e.g., Federal Employee Program [FEP]) prohibits plans from denying Food and Drug Administration (FDA)-approved technologies as investigational. In these instances, plans may have to consider the coverage eligibility of FDA-approved technologies on the basis of medical necessity alone.

**Regulatory Status**

- N/A

## Rationale

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.<sup>16-18</sup>
- **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.<sup>1,19</sup>
- **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).<sup>20,21</sup>
- **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.<sup>22-24</sup>

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  $\geq 75$  years.<sup>28</sup> 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.<sup>1, 29-31</sup>

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.<sup>29, 32-34</sup>

To confirm correct placement of the injectable medication into the intra-articular space, fluoroscopic or computed tomography (CT) guidance is used.<sup>9, 35, 36</sup> 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.<sup>29, 37</sup>

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.<sup>17, 38</sup> 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.<sup>32</sup>

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.<sup>39</sup> They are in keeping with the benefit guidelines developed by the Centers for Medicare & Medicaid Services (CMS).<sup>40</sup>

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.<sup>41</sup> The indications for coverage have been established from the 2009 Comprehensive Evidence-Based Guidelines for Interventional Techniques in the Management of Chronic Spinal Pain<sup>3</sup> and updated with the 2013 An Update of Comprehensive Evidence-Based Guidelines for Interventional Techniques in Chronic Spinal Pain. Part II: Guidance and Recommendations.<sup>1</sup>

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## Documentation for Clinical Review

### Please provide the following documentation:

- History and physical and/or consultation notes including:
  - Procedure performed and reason for procedure
  - Previous treatment and response (including duration of treatment)
- Radiology report(s), if applicable
- Prior procedure report(s), if applicable

### Post Service (in addition to the above, please include the following):

- Procedure report(s)

## Coding

*This Policy relates only to the services or supplies described herein. Benefits may vary according to product design; therefore, contract language should be reviewed before applying the terms of the Policy.*

*The following codes are included below for informational purposes. Inclusion or exclusion of a code(s) does not constitute or imply member coverage or provider reimbursement policy. Policy Statements are intended to provide member coverage information and may include the use of some codes for clarity. The Policy Guidelines section may also provide additional information for how to interpret the Policy Statements and to provide coding guidance in some cases.*

Type	Code	Description
CPT®	27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
HCPCS	None	

## Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

Effective Date	Action
01/01/2017	Adoption of National Imaging Associates (NIA) Clinical Guidelines
07/01/2018	NIA Clinical Guideline update
07/01/2019	NIA Clinical Guideline update
07/01/2020	Annual NIA clinical guideline update.
03/01/2021	Annual NIA clinical guideline update. Policy title changed from Sacroiliac Joint Injections to current one.
01/01/2022	Annual NIA clinical guideline update.
01/01/2023	Annual NIA clinical guideline update. Policy title changed from Sacroiliac Joint Injections (with image guidance [fluoroscopy or CT]) to current one.
01/01/2024	Annual NIA clinical guideline update.

## Definitions of Decision Determinations

**Medically Necessary:** Services that are Medically Necessary include only those which have been established as safe and effective, are furnished under generally accepted professional standards to treat illness, injury or medical condition, and which, as determined by Blue Shield, are: (a) consistent with Blue Shield medical policy; (b) consistent with the symptoms or diagnosis; (c) not furnished primarily for the convenience of the patient, the attending Physician or other provider; (d) furnished at the most appropriate level which can be provided safely and effectively to the patient; and (e) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the Member's illness, injury, or disease.

**Investigational/Experimental:** A treatment, procedure, or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.



**Split Evaluation:** Blue Shield of California/Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a split evaluation, where a treatment, procedure, or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

### Prior Authorization Requirements and Feedback (as applicable to your plan)

Within five days before the actual date of service, the provider must confirm with Blue Shield that the member's health plan coverage is still in effect. Blue Shield reserves the right to revoke an authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

Questions regarding the applicability of this policy should be directed to the Prior Authorization Department at (800) 541-6652, or the Transplant Case Management Department at (800) 637-2066 ext. 3507708 or visit the provider portal at [www.blueshieldca.com/provider](http://www.blueshieldca.com/provider).

We are interested in receiving feedback relative to developing, adopting, and reviewing criteria for medical policy. Any licensed practitioner who is contracted with Blue Shield of California or Blue Shield of California Promise Health Plan is welcome to provide comments, suggestions, or concerns. Our internal policy committees will receive and take your comments into consideration.

For utilization and medical policy feedback, please send comments to: [MedPolicy@blueshieldca.com](mailto:MedPolicy@blueshieldca.com)

*Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. Blue Shield of California may consider published peer-reviewed scientific literature, national guidelines, and local standards of practice in developing its medical policy. Federal and state law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and must be considered first in determining covered services. Member contracts may differ in their benefits. Blue Shield reserves the right to review and update policies as appropriate.*

## Appendix A

POLICY STATEMENT	
BEFORE <u>Red font: Verbiage removed</u>	AFTER <u>Blue font: Verbiage Changes/Additions</u>
<p><b>Sacroiliac Joint Injections BSC_NIA_CG_305</b></p> <p><b>Policy Statement:</b>  <b>Note:</b> 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.</p> <p><b>Indications For Sacroiliac Joint (SIJ) Injections (Intraarticular or ligamentous injections only)</b></p> <ul style="list-style-type: none"> <li>For the treatment of Sacroiliac Joint (SIJ) pain ALL of the following must be met:</li> <li>Primarily axial low back pain (below level of L5) which may radiate to the groin or lower extremity<sup>1</sup></li> <li>Pain causing functional limitations or pain levels of <math>\geq 6</math> on a scale of 0 to 10<sup>1-3</sup></li> <li>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<sup>4,5</sup></li> <li>Duration of pain of at least 3 months</li> <li>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 his 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<sup>1,2</sup></li> </ul> <p>For the treatment of spondyloarthropathy<sup>6</sup> ALL of the following must be met:</p>	<p><b>Sacroiliac Joint Injections BSC_NIA_CG_305</b></p> <p><b>Policy Statement:</b>  <b>Note:</b> Any injection performed at least two years from prior injections in the same region will be considered a new episode of care and the <u>INITIAL</u> 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.</p> <p><b>Indications For Sacroiliac Joint (SIJ) Injections (Intraarticular Or Ligamentous Injections Only)</b></p> <p><b>For the treatment of Sacroiliac Joint (SIJ) pain <u>ALL</u> of the following must be met:</b></p> <ul style="list-style-type: none"> <li>Primarily axial low back pain (below level of L5) which may radiate to the groin or lower extremity<sup>1</sup></li> <li>Pain causing functional disability or average pain level of greater than or equal to 6 on a scale of 0 to 10<sup>1-3</sup></li> <li>Positive exam findings to suggest the diagnosis, which include the pelvic (<u>SI</u>) distraction test, pelvic (<u>SI</u>) compression test, thigh thrust test, FABER (Patrick's test), <u>posterior shear test</u>, <u>Yeoman's test</u>, or Gaenslen's test<sup>4,5</sup></li> <li>Duration of pain of at least 3 months</li> <li>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<sup>1,2</sup></li> </ul> <p><b>For the treatment of spondyloarthropathy<sup>6</sup> ALL of the following must be met:</b></p>

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<ul style="list-style-type: none"> <li>• The individual has experienced <math>\geq 3</math> months of low back pain</li> <li>• Age of onset &lt; 45 years</li> <li>• Comprehensive pain management program including physical therapy, home exercise, patient education, psychosocial support, and oral medication is in place</li> <li>• Prior history of evidence of sacroiliitis on imaging (i.e., active inflammation on magnetic resonance imaging [MRI] or definite radiographic sacroiliitis grade &gt; 2 bilaterally <i>or</i> grade 3-4 unilaterally)</li> <li>• <b>1 or more</b> spondyloarthropathy features:             <ul style="list-style-type: none"> <li>○ Inflammatory back pain with <b>at least 4</b> of the following criteria present:                 <ul style="list-style-type: none"> <li>▪ Age at onset &lt; 45 years</li> <li>▪ Insidious onset</li> <li>▪ Improvement with exercise</li> <li>▪ No improvement with rest</li> <li>▪ Pain at night (with improvement upon getting up)</li> </ul> </li> <li>○ Arthritis</li> <li>○ Enthesitis of the heel (irritability of muscles, tendons, or ligaments where they enter the bone)</li> <li>○ Uveitis (inflammation of the uvea, the middle layer of the eye)</li> <li>○ Dactylitis (inflammation of a finger or toe)</li> <li>○ Psoriasis</li> <li>○ Crohn's/colitis</li> <li>○ Good response to NSAIDs</li> <li>○ Family history of spondyloarthropathy</li> <li>○ Positive testing for HLA-B27</li> <li>○ Elevated C-reactive protein (CRP)</li> </ul> </li> </ul> <p><b>NOTE:</b> All procedures must be performed <b>using fluoroscopic, US, or CT</b> guidance<sup>7-10</sup></p> <p><b>Frequency of Repeat Injections</b></p>	<ul style="list-style-type: none"> <li>• The individual has experienced greater than or equal to 3 months of low back pain</li> <li>• Age of onset less than 45 years</li> <li>• Comprehensive pain management program is in place including physical therapy, home exercise, patient education, psychosocial support, and/or oral medication</li> <li>• Prior history of evidence of sacroiliitis on imaging (i.e., active inflammation on magnetic resonance imaging [MRI] or definite radiographic sacroiliitis grade less than 2 bilaterally or grade 3-4 unilaterally)</li> <li>• <b>1 or more</b> spondyloarthropathy features:             <ul style="list-style-type: none"> <li>○ Inflammatory back pain with <b>at least 4</b> of the following criteria present:                 <ul style="list-style-type: none"> <li>▪ Age at onset less than 45 years</li> <li>▪ Insidious onset</li> <li>▪ Improvement with exercise</li> <li>▪ No improvement with rest</li> <li>▪ Pain at night (with improvement upon getting up)</li> </ul> </li> <li>○ Arthritis</li> <li>○ Enthesitis of the heel (irritability of muscles, tendons, or ligaments where they enter the bone)</li> <li>○ Uveitis (inflammation of the uvea, the middle layer of the eye)</li> <li>○ Dactylitis (inflammation of a finger or toe)</li> <li>○ Psoriasis</li> <li>○ Crohn's/colitis</li> <li>○ Good response to NSAIDs</li> <li>○ Family history of spondyloarthropathy</li> <li>○ Positive testing for HLA-B27</li> <li>○ Elevated C-reactive protein (CRP)</li> </ul> </li> </ul> <p><b>NOTE:</b> All procedures must be performed <b>under imaging guidance</b><sup>7-10</sup></p> <p><b>Indications For Repeat Injections</b></p>

## POLICY STATEMENT

## BEFORE

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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<sup>1</sup>
- 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<sup>1</sup>
- The individual continues to have pain causing functional disability or average pain levels  $\geq 6$  on a scale of 0 to 10<sup>1-3, 11</sup>
- The individual is engaged in ongoing active conservative therapy\*, unless the medical reason this treatment cannot be done is clearly documented<sup>2, 11, 12</sup>
- **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.**<sup>4, 5</sup>
- **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<sup>1</sup>

**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**

## AFTER

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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<sup>1</sup>
- 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<sup>1</sup>
- The individual continues to have pain causing functional disability or average pain level greater than or equal to 6 on a scale of 0 to 10<sup>1-3, 11</sup>
- The individual is engaged in ongoing active conservative therapy\*, unless the medical reason this treatment cannot be done is clearly documented<sup>2, 11, 12</sup>
- **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, repeat positive provocative exam findings are required** (pelvic distraction test, pelvic compression test, thigh thrust test, FABER (Patrick's test), **posterior shear test, Yeoman's test,** or Gaenslen's test).<sup>4, 5</sup>
- A maximum of 4 sacroiliac joint injections **may be performed** in a 12-month period<sup>1</sup>

**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**

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These requests are excluded from consideration under this guideline: <ul style="list-style-type: none"><li>• Sacral lateral branch blocks (S1, S2, S3)</li><li>• Sacroiliac joint <b>denervation</b></li></ul> <b>Contraindications For Sacroiliac Joint Injections</b> <ul style="list-style-type: none"><li>• Active systemic or spinal infection</li><li>• Skin infection at the site of needle puncture</li></ul>	These requests are excluded from consideration under this guideline: <ul style="list-style-type: none"><li>• Sacral lateral branch blocks (S1, S2, S3)</li><li>• <b>Radiofrequency denervation of the</b> sacroiliac joint</li></ul> <b>Contraindications For Sacroiliac Joint Injections</b> <ul style="list-style-type: none"><li>• Active systemic or spinal infection</li><li>• Skin infection at the site of needle puncture</li></ul>